

Name  
In Full

Austin Rush Alban

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

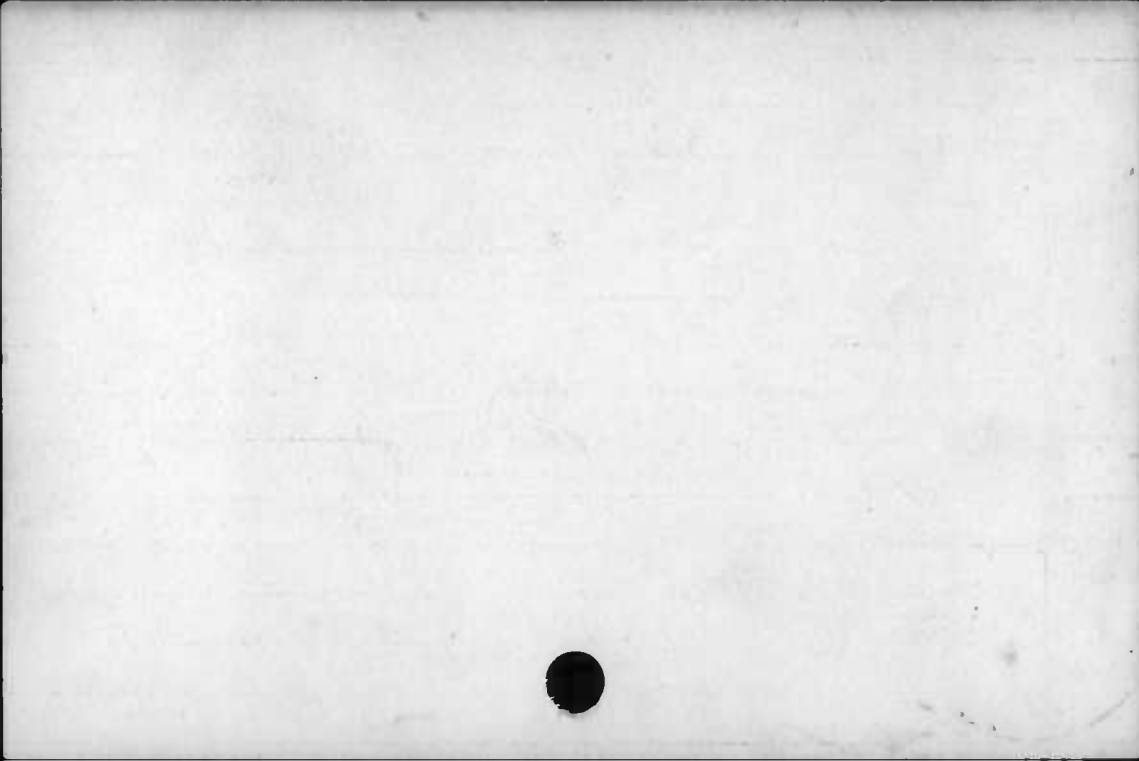
Died at <u>Fonston</u> Town			County <u>Ballo-</u>			MARYLAND	
Date of death <u>1909</u>	Month <u>7</u>	Day <u>21</u>	Age <u>0</u>	Years <u>0</u>	Months <u>0</u>	Days <u>3</u>	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Fonston Ind</u>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <u>Thomas H Alban</u>				Father's Birthplace <u>Grove Run Ind</u>			
Mother's Maiden Name <u>Jane M Goulet</u>				Mother's Birthplace <u>Buckleysville</u>			
Name of person giving information <u>Thomas H Alban</u>				How related to deceased <u>Father</u>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <u>Inanition</u>	How long <u>2 days</u>
Immediate <u>convulsions</u>	How long <u>7 or 8 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr D W Rush</u>
	Address <u>Hampstead, Ind.</u>
Accident or Suicide?	



Name  
in  
Full

Hellen Alban

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Lanraville Town Balto County MARYLAND

Date of death 1909 7 Month 27 Day 4 Age 23 Years Months Days

Sex Female Color or Race White Birth-place Maryland

Occupation None Where Residing if not at place of death Lanraville

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Albert D Alban Father's Birthplace Maryland

Mother's Maiden Name Alberda Hindall Mother's Birthplace "

Name of person giving Information Ella Hindall How related to deceased Grandmother

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary Infantile Diarrhoea How long 3 weeks.

Immediate Exhaustion How long 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A. L. Wilkinson

Address Rospeburg, Md.

Accident or Suicide 8

Sindall's  
Family Lat

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Anton Algier

Town

County

MARYLAND

Died at

Hamilton

Balto

Date

of death

190

9

Month

7

Day

13

Age

Years

76

Months

5

Days

14

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Tailor

Where Residing if not  
at place of death

Mary Ave.

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Caroline Algier

Father's  
Name

Unknown

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Germany

Name of person giving  
Information

C. W. Wright

How related  
to deceased

Son in law

CAUSES OF DEATH

155

How long

12 hrs.

Primary

Carbolic poisoning

Immediate

Carbolic poisoning

How long

12 hrs.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Geary A. Long, M.D.  
Hamilton, Md

Accident or Suicide

Suicide

John Harman Schenck Coroner

PHYSICIAN  
OR CORONER

Mt. Carmel Lem,  
Herrig & Son  
7/15/09

Name  
in  
Full

Elsie Allender

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Watson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month	July	Day	25
Age		Years		Months	3
Sex	female	Color or Race	white.	Birth-place	Pikesville
Occupation	In front.		Where Residing if not at place of death Pikesville		
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	Charles Allender			Father's Birthplace	U.S.A.
Mother's Maiden Name	Mary			Mother's Birthplace	Ireland
Name of person giving information	Mary			How related to deceased	Mother

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>In aneurism</i>	How long	<i>1 mo</i>
Immediate	<i>slight papillary degeneration</i>	How long	<i>2 wks -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. K. Jr.</i>	
		Address <i>Watson Md.</i>	
Accident or Suicide?			





# CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

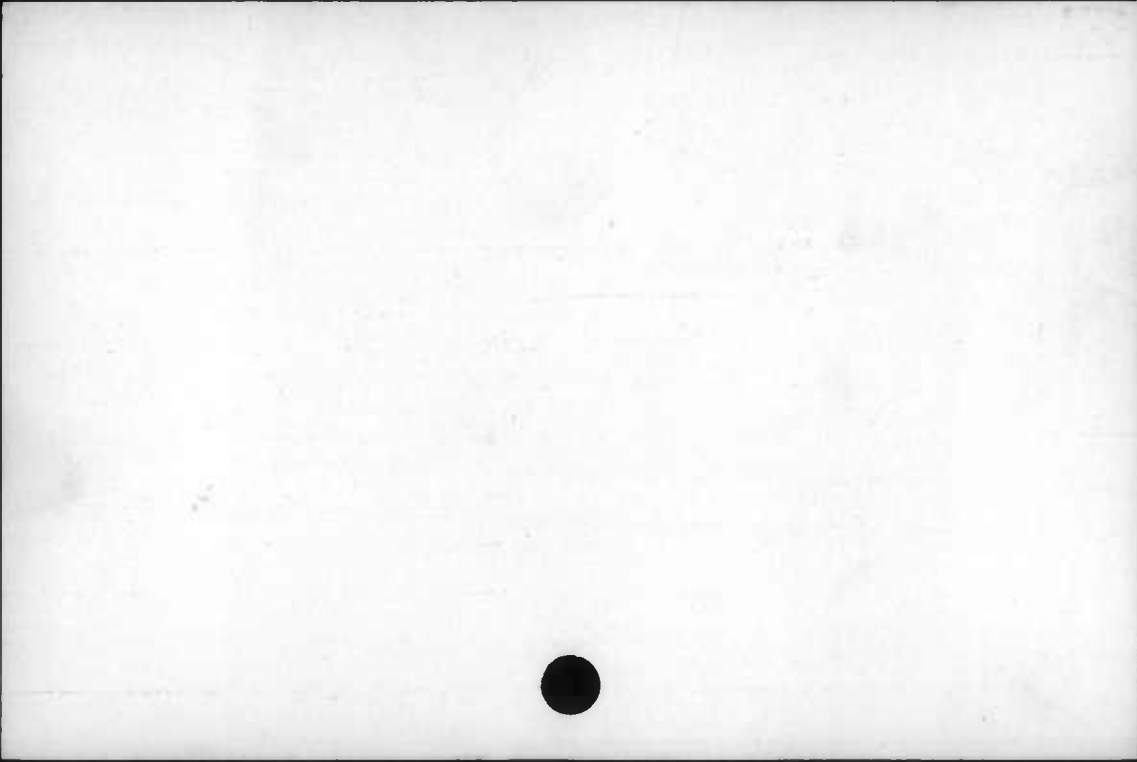
Died at		Town		County		MARYLAND	
Date of death	1909	Month	July	Day	19	Age	Years — Months — Days 3 mss.
Sex	Male		Color or Race	White		Birth-place	Baltimore
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	George Allen					Father's Birthplace	Not known
Mother's Maiden Name	Not known					Mother's Birthplace	" "
Name of person giving information	George Allen					How related to deceased	Father

### CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Quantitative	How long	2 Wks
Immediate	-1	How long	3 "
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. M. Knepp Jr. M.D.		
	Address 701 W. 11th St.		
Accident or Suicide?			



Name  
in  
Full

Henry Altvater

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Leanton</u> Town		<u>Bolton</u> County		MARYLAND	
Date of death	1909	Month	July	Day	28
Age	5	Years		Months	11
Sex	Male	Color or Race	White	Birth-place	Bolton Co
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Elmer E. Altvater			Father's Birthplace	Bolton
Mother's Maiden Name	Maggie Brian			Mother's Birthplace	Bolton
Name of person giving Information	" Altvater			How related to deceased	Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	13 days
Immediate	Perforation	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. V. Mather
		Address	
Accident or Suicide			

Bachman's Pen  
Jos B. Cook -

Name  
in  
Full

Henry Armacost

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

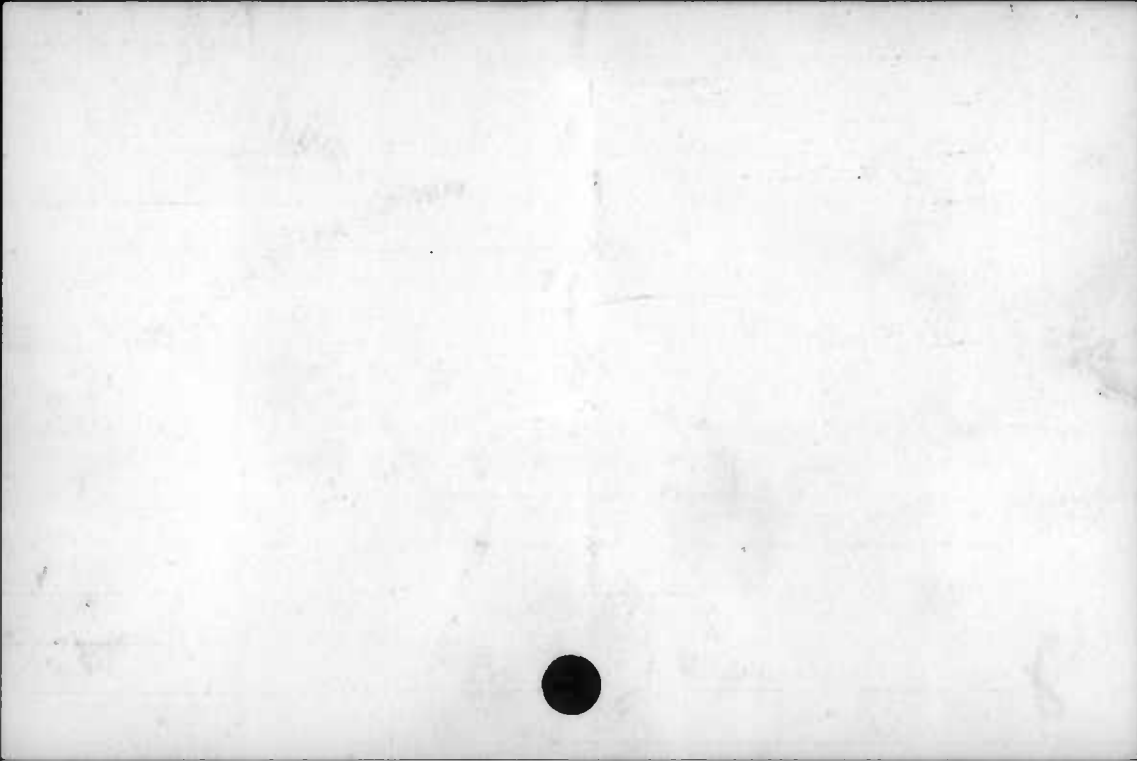
Died at <i>Mt Wilson</i> Town			<i>Baltimore</i> County			MARYLAND		
Date of death <i>1909</i>		Month <i>July</i>	Day <i>14</i>	Age		Months <i>3</i>		Days
Sex <i>male</i>			Color or Race <i>white</i>			Birth-place <i>Baltimore Co, Md.</i>		
Occupation <i>Infant</i>				Where Residing if not at place of death <i>Pikesville Md.</i>				
Married, Single or Widowed <i>Single.</i>			Name of Wife or Husband					
Father's Name <i>Amos Armacost</i>						Father's Birthplace <i>Balto Co Md</i>		
Mother's Maiden Name <i>Lilie Echenrode</i>						Mother's Birthplace <i>Penna</i>		
Name of person giving information <i>Amos Armacost</i>						How related to deceased <i>Father</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Dis Colitis</i>	How long <i>2 wks.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. [unclear] Jr. M.D.</i>
	Address <i>Mt Wilson, Md.</i>
Accident or Suicide?	<i>Sub Registrar for L.W.S.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

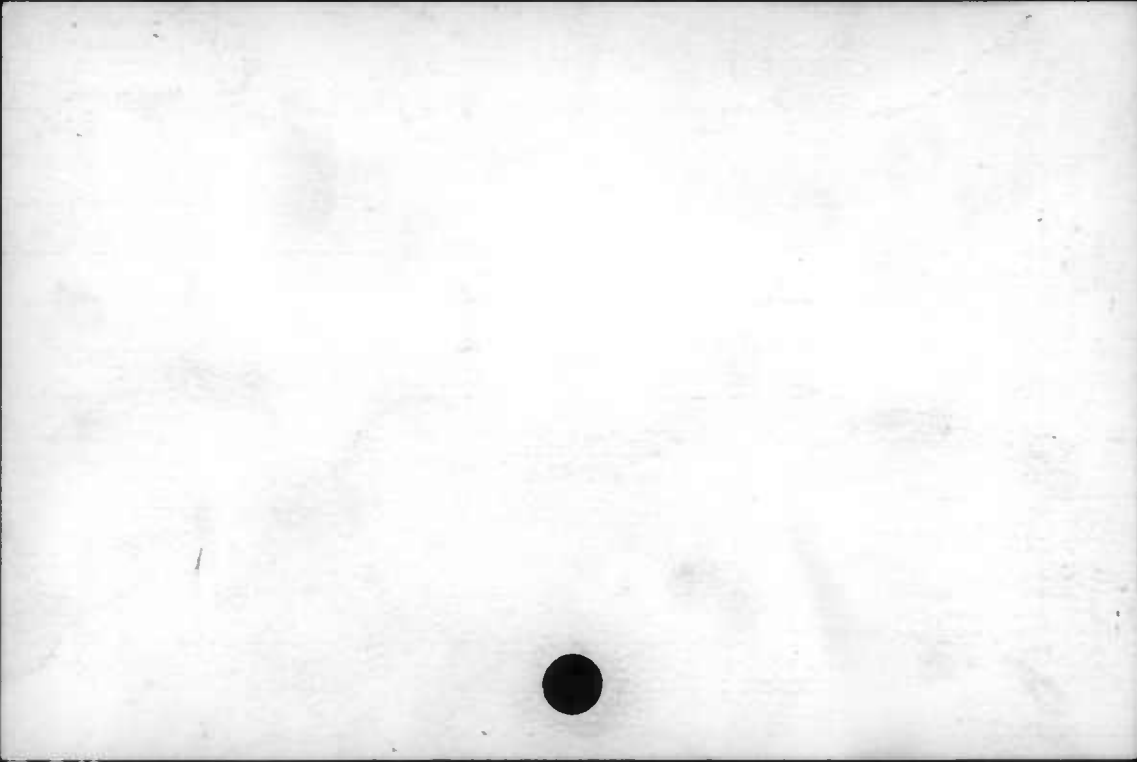
Name in Full <i>Isabelle Martha Bailey</i>		Town <i>Parkton</i>		County <i>Balto</i>		State <i>MARYLAND</i>	
Died at		Month <i>7</i>		Day <i>11</i>		Years <i>13</i>	
Date of death <i>1909</i>		Age		Months <i>13</i>		Days <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles E Bailey</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Erna L Crawford</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Erna J Bailey</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>4 days</i>
Immediate <i>Acute meningitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R R Morris</i>
	Address <i>Parkton Ind</i>
Accident or Suicide <i>—</i>	





Name  
in Full

Annie Mary Baker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Sparrow's pr.* County *Balto* MARYLAND

Died at *Sparrow's pr.*

Date of death *1909 July 24* Age *—* Months *3* Days *2*

Sex *Female* Color or Race *white* Birth-place *Sparrow's pr.*

Occupation *none* Where Residing if not at place of death *Sparrow's pr.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Herman Baker* Father's Birthplace *Germany*

Mother's Maiden Name *Angusta Schultz* Mother's Birthplace *Germany*

Name of person giving Information *Angusta Baker* How related to deceased *Mother*

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary *Catarrhal Pneumonia* How long *8 days*

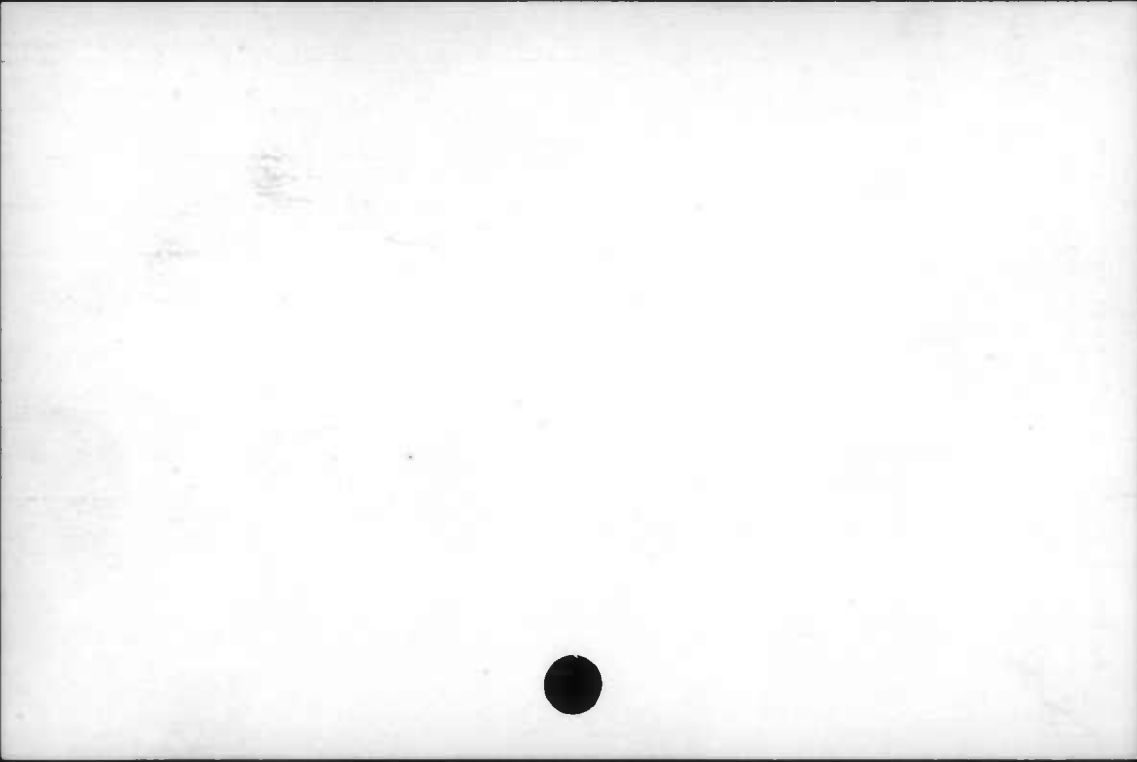
Immediate *Exhaustion* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. K. Peltekian M.D.*

Address *Sparrow's pr. Md.*

Accident or Suicidal *Natural*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

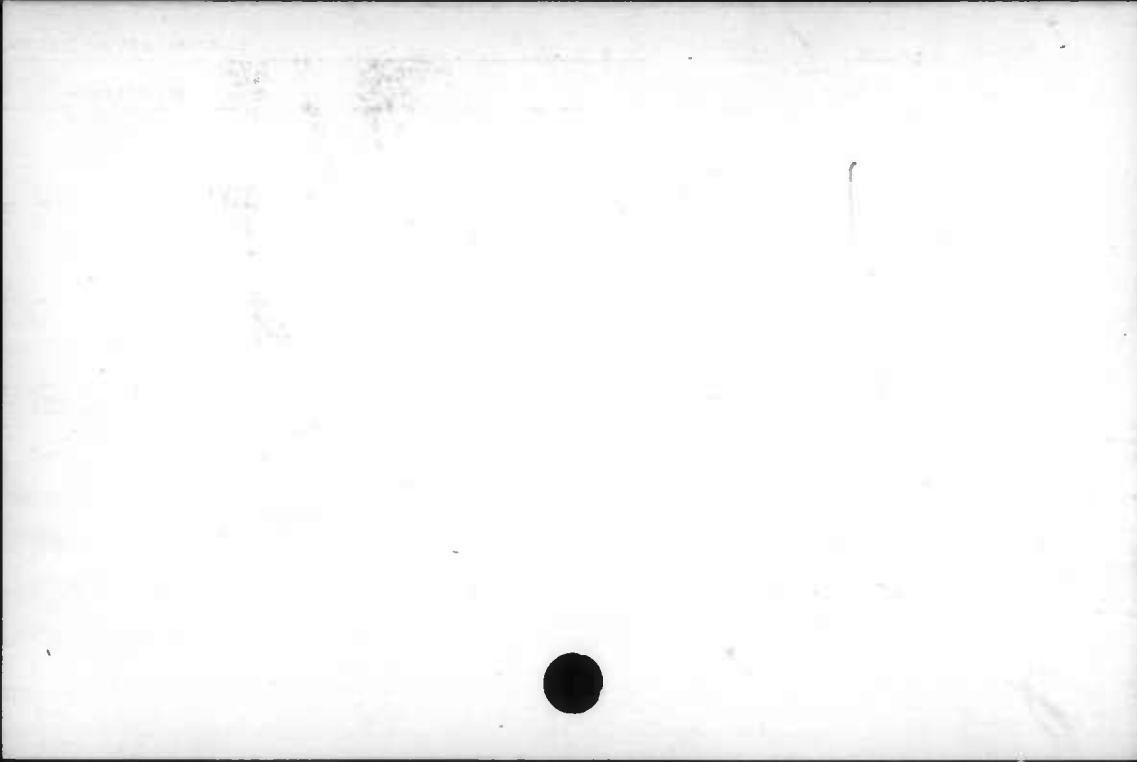
Name in Full <i>Benjamin Marshal Baldwin</i>		Town <i>Sparrows Point</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Sparrows Point</i>		Month <i>July</i>		Day <i>27<sup>th</sup></i>		Age <i>—</i>	
Date of death <i>1909</i>		Months <i>6</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Sparrows Point</i>			
Occupation <i>—</i>				Where Reiding if not at place of death <i>Sparrows Point</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Benjamin M Baldwin</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary Hopkins</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Benj. M. Baldwin</i>		How related to deceased <i>father.</i>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>2 weeks</i>
Immediate <i>meningitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. B. McCormick M.D.</i>
<i>no.</i>	Address <i>Sparrows Point Md</i>
Accident or Suicide	



Name  
in  
Full

William Ball

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mr Wmian</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>7</i>	Day <i>14</i>	Age <i>—</i>	Months <i>9</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Ball</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Marama Hudson</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Louisa Pringer</i>			How related to deceased <i>Aunt</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>Two days</i>
Immediate <i>Intestinal Intoxication</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>August W. Miller (Coroner)</i>
	Address <i>Mr Wmian Balto Md</i>
Accident or Suicide? <i>8</i>	

Wm J. Fickens House

Long Hill Park  
Cemetery

Name  
in  
Full

William C. Barnes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woodlawn</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>July</i>		Day <i>25</i>		Age <i>69</i>		Months <i>9</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Cecil Co. Md.</i>					
Occupation <i>Comm. Merchant</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary T. Barnes</i>							
Father's Name <i>James Barnes</i>				Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Rhoda Beatty</i>				Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Mary T. Barnes</i>				How related to deceased <i>Wife.</i>					

## CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary <i>Heart Failure</i>		How long <i>1 year</i>	
Immediate <i>Heart Failure</i>		How long <i>One hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. J. Kasten M.D.</i>	
		Address <i>852 W. North Ave.</i>	
Accident or Suicide <i>No.</i>		<i>Baltimore Md.</i>	

For Internment at  
Hopewell  
Beech Co.

, Md—

E. Madison Mitchell  
Balt Md,

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Name  
in  
Full

Frank Barton

## CERTIFICATE OF DEATH

Died at		Town Gowans,		County Balto.,		MARYLAND	
Date of death		Month 1909 July	Day 24	Age 32,	Months 0	Days 20	
Sex male		Color or Race Coloured.			Birth-place Towson Md		
Occupation Laborer on Farm				Where Residing if not at place of death Towson "			
Married, Single or Widowed Single		Name of Wife or Husband X					
Father's Name Samuel Brown				Father's Birthplace Don't Know			
Mother's Maiden Name Bell Barton				Mother's Birthplace Gowans Md			
Name of person giving Information Bell Barton				How related to deceased mother			

## CAUSES OF DEATH

27

Primary	Tuberculosis	How long	one year
Immediate	Exhaustion	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. C. Horschel	
Accident or Suicide		Address Gowans Md.	
neither			

John Burns. Sons  
Touson.

Mt Zion Cmn.

Bellona Ave

Balto. Co

Name  
in Full

Carolin Bates

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Reisterstown</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	July	Day	14
Age	79	Years		Months	
Sex	Female	Color or Race	Colored	Birthplace	Balto City Md
Occupation	Washer	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Henry Bates		
Father's Name	Unknown	Father's Birthplace	Unknown		
Mother's Maiden Name	U	Mother's Birthplace	U		
Name of person giving Information	Clarence Bates	How related to deceased	Son		

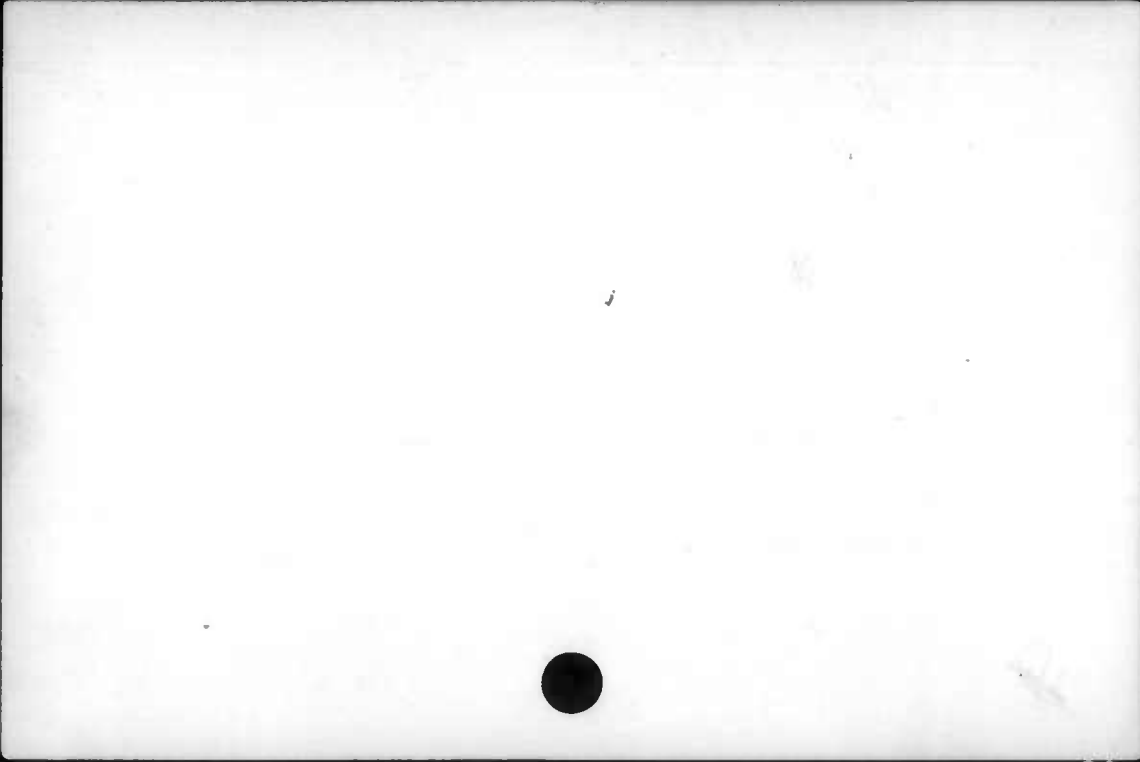
CAUSES OF DEATH

81

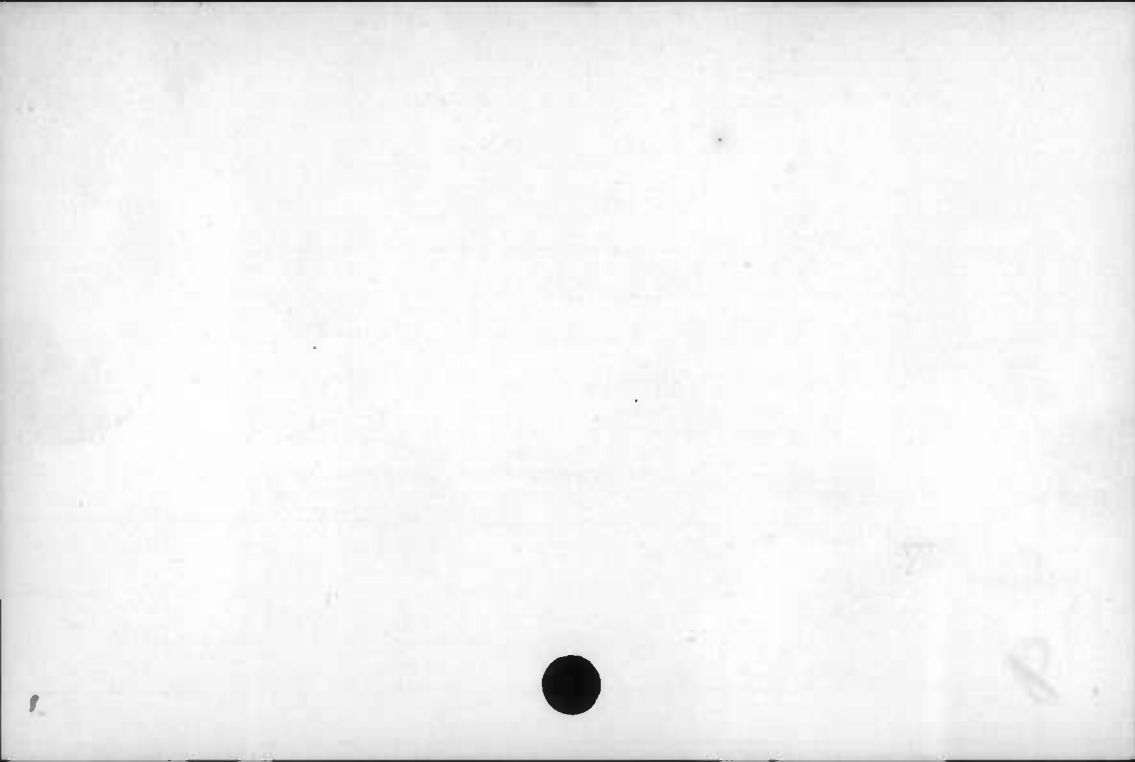
V

PHYSICIAN  
OR CORONER

Primary	Arterial Sclerosis	How long	10 yrs
Immediate	Infirmities of age	How long	7 yrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. Black
		Address	Reisterstown Md
Accident or Suicide			



Name In Full		(Bauer), Charles A.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Leatonville <sup>Town</sup>		Baltimore <sup>County</sup>		MARYLAND	
	Date of death		1909 July <sup>Month</sup>		9 <sup>Day</sup>		Age 81 <sup>Years</sup>	
	Sex		Male		Color or Race		White	
	Occupation		Unk		Birth- place		Germany	
	Where Residing if not at place of death							
	Married, Single or Widowed		Married		Name of Wife or Husband		Anna Mary Bauer	
	Father's Name		Dont Know		Father's Birthplace		Dont Know	
	Mother's Maiden Name		Dont Know		Mother's Birthplace		" "	
Name of person giving In formation		Anna Mary Bauer		How related to deceased		Wife		
				CAUSES OF DEATH		68		
PHYSICIAN OR CORONER	Primary		Terminal Dementia		How long		20 yrs.	
	Immediate		Old Age		How long		6 yrs.	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. Percy Wade	
	Address		Leatonville, Md					
Accident or Suicide?		No						
LIBRARY BUREAU ASCELS								



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Eurath Beacham</i>		Town <i>Govanston</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Govanston</i>		Date of death 1909 July 21st		Age 86		Months —	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth place <i>Balto Co. Md</i>		Days —	
Occupation —				Where Residing if not at place of death —			
Married, Single <del>Single</del> <i>Widowed</i>		Name of Wife or Husband —					
Father's Name —		Father's Birthplace —					
Mother's Maiden Name —		Mother's Birthplace —					
Name of person giving Information <i>Mr. F. W. Day</i>		How related to deceased <i>Son-in-Law</i>					

## CAUSES OF DEATH

154

X

PHYSICIAN  
OR CORONER

Primary <i>Chol. ceg 2</i>	How long <i>year</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ira S. Fetterhoff</i>
Accident or Suicide <i>no</i>	Address <i>IRA. L. FETTERHOFF, M. D. N. E. Cor. Lafayette &amp; Carrollton Aves., BALTIMORE, MD. U. S. A.</i>

E. M. Mitchell Balto. Md.  
Interment at Green Mount

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Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Beil* County *Baltimore* MARYLAND

Died at *1511 S. Canton St.* Month *July* Day *16* Age *60* Years Months *—* Days *4*

Date of death *1909*

Sex *Female* Color or Race *White* Birth-place *Canada*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Frank Beil*

Father's Name *John Russell* Father's Birthplace *Canada*

Mother's Maiden Name *Not Ascertained* Mother's Birthplace *Not Ascertained*

Name of person giving information *Frank Beil* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Principal Cause *Chorea with Rx. Hemiplegia & Aphasia* How long *100 days*

Immediate Cause *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. L. Reckard M.D.*

Address *910 S. Canton St.*

*Baltimore*

Accident or Suicide? *No*

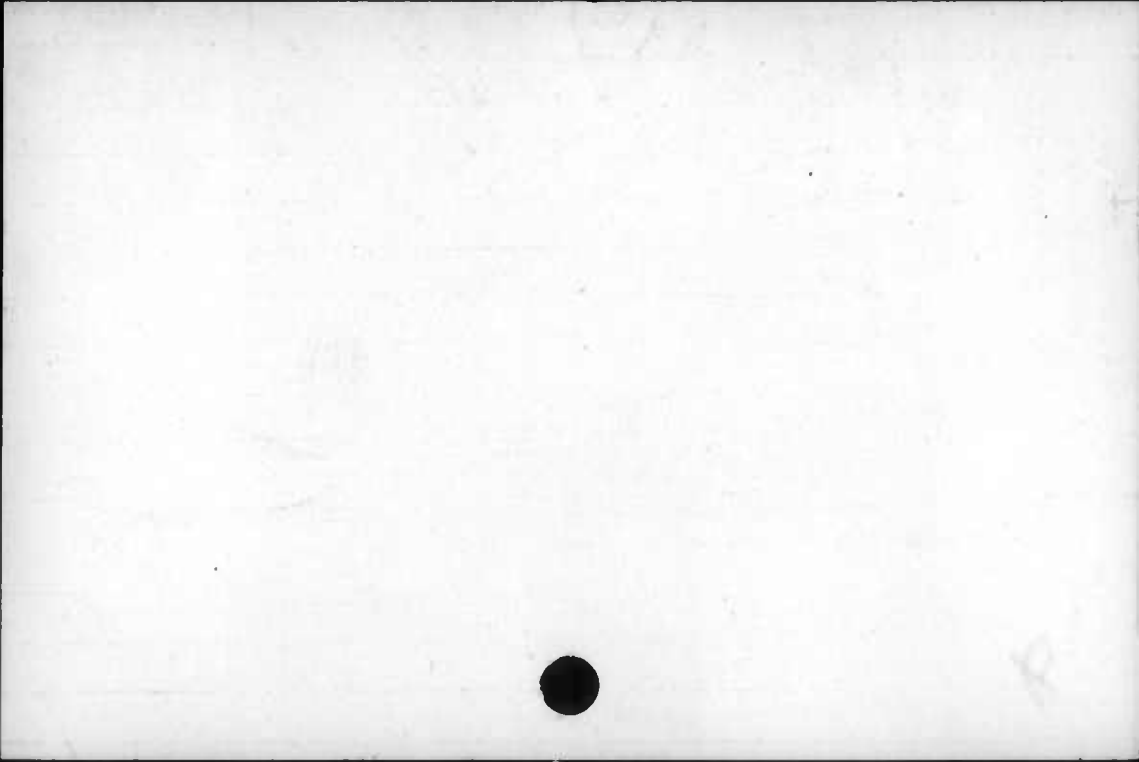
Zirkler + Zirkler  
1739 E. Eagan St.

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Sacret Heart Cem,

July 19-09  
19

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mr. Wilm</i>		County <i>Baltimore</i>		MARYLAND
	Date of death <i>1909</i>	Month <i>July</i>	Day <i>27</i>	Age <i>-</i>	Months <i>4</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	Days
	Occupation <i>Inspector</i>		Where Residing if not at place of death <i>-</i>		
	Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>			
	Father's Name <i>Charles Bennett</i>			Father's Birthplace <i>Not known</i>	
	Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Not known</i>	
	Name of person giving information <i>Mrs. Bennett</i>			How related to deceased <i>Sister</i>	
CAUSES OF DEATH					(105)
PHYSICIAN OR CORONER	Primary <i>Malnutrition</i>			How long <i>6 weeks</i>	
	Immediate <i>Dyspeptic diarrhea</i>			How long <i>3 "</i>	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>Wm. W. Wilm, M.D.</i>	
	Accident or Suicide?			Address <i>721 W. Wilm, Ind.</i>	



Name  
in  
Full

Pauline E Bloom

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

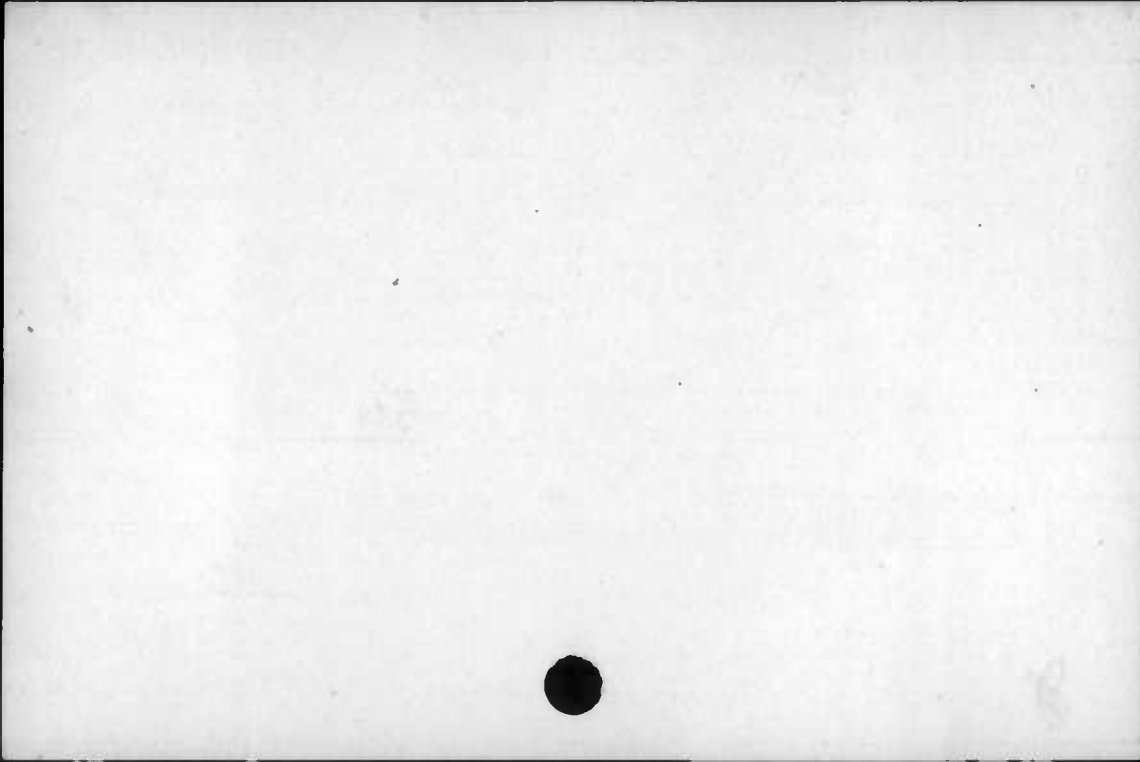
Died at <u>Granite</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1909	Month	July	Day	26
Age	3	Years	11	Months	1
Sex	female	Color or Race	white	Birth-place	Granite Md
Occupation	none	Where Residing if not at place of death		same	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Walter Bloom	Father's Birthplace	Md		
Mother's Maiden Name	Frances Albright	Mother's Birthplace	Md		
Name of person giving information	Walter Bloom	How related to deceased	Father		

## CAUSES OF DEATH

① ✓

PHYSICIAN  
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>2 weeks</u>
Immediate	<u>Cholera</u>	How long	<u>five hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>H. H. Apple and</u>
		Address	<u>Baltimore Md</u>
Accident or Suicide?	<u>no</u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

(Bonnie) Florence R. MARYLAND

Died at Leatonsville <sup>Town</sup> Putto <sup>County</sup>

Date of death 1909 <sup>Month</sup> July <sup>Day</sup> 3<sup>rd</sup> Age 63 <sup>Years</sup> 63 <sup>Months</sup> 63 <sup>Days</sup>

Sex Female Color or Race White Birth-place Maryland

Occupation Housewife Where Residing if not at place of death X

Married, Single or Widowed Married Name of Wife or Husband \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace \_\_\_\_\_

Name of person giving information \_\_\_\_\_ How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

Primary Acute Melancholia How long 1 yr

Immediate Pneumo How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. Percy Hake

Address Leatonsville, Md

Accident or Suicide? No.

PHYSICIAN  
OR CORONER

Wm Cook

502 East North Ave  
Balto. Md.

Balto. Cemetery.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Franklin B Brightwell*  
*Helandtown* *Balto* County *MARYLAND*Date of death 190 *9* Month *7* Day *8* Age *—* Years *—* Months *4* Days *4*Sex *Male* Color or Race *White* Birth-place *Balto*Occupation *—* Where Residing if not at place of death *#26 S. 3rd St*Married, Single or Widowed *—* Name of Wife or Husband *Franklin + Elizabeth Brightwell*Father's Name *Frankline Brightwell* Father's Birthplace *MD*Mother's Maiden Name *Elizabeth Cox* Mother's Birthplace *MD*Name of person giving Information *Frankline Brightwell* How related to deceased *Father*

## CAUSES OF DEATH

105

Primary *Cholera Infantum* How long *one day*Immediate *convulsion* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. Warren*Address *—*

Accident or Suicide

PHYSICIAN  
OR CORONER

Cutler's Ben  
July 9/909

Wm Cook  
502 E. 7th Ave

Name in Full		Child not named				<input checked="" type="checkbox"/> CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Cotterville				Holt			
	Date of death		Month	Day	Age	Years	Months	Days
	1904		July	13				
	Sex		Color or Race		Birth-place			
	Male		Colored		Cotterville, Md.			
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name		Charles Kraun				Father's Birthplace		
						Hamad Co.		
Mother's Maiden Name		Sarah Kraun				Mother's Birthplace		
						Hamad Co.		
Name of person giving information		Robert Elliott				How related to deceased		
						None		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				How long <span style="border: 1px solid black; border-radius: 50%; padding: 5px;">8</span> <span style="font-size: 2em;">x</span>			
	Immediate				Still Born			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
					Address <span style="font-size: 2em;">D. M. Stult</span> <span style="font-size: 2em;">Cotterville, Md.</span>			
	Accident or Suicide?							

Robert A. Elliott  
Western Star.

Name  
in  
Full

Premature Birth

Brown

✓  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Town *Sparrow's Pt.* County *Baltimore* **MARYLAND**

Died at *Sparrow's Pt.*

Date of death 1909 *July* Month *23* Day Age *—* Years Months Days

Sex *male* Color or Race *white* Birthplace *Sparrow's Pt.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Mr. Howard Brown* Father's Birthplace *Md.*

Mother's Maiden Name *Lula Paterson* Mother's Birthplace *Del.*

Name of person giving Information *Mr. J. H. Brown* How related to deceased *mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Premature Birth*

Immediata *Still Born*

How long *8* *X*How long *—*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

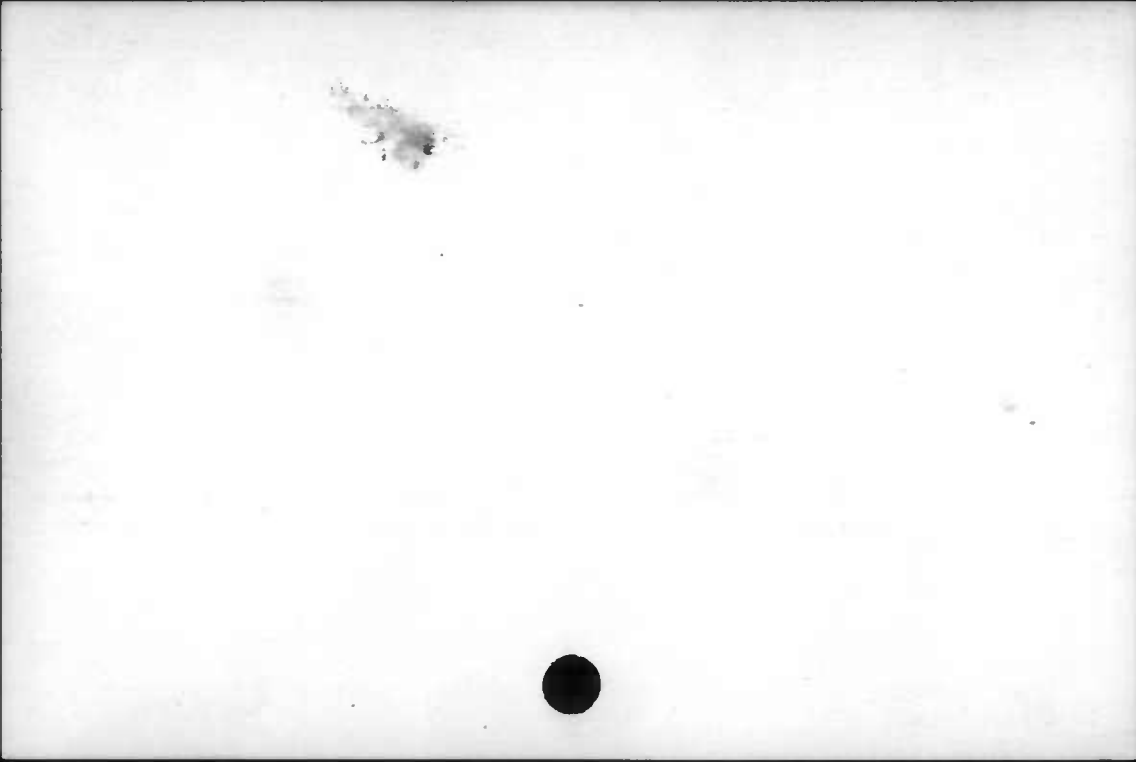
Address

*H. K. Pettetian, Jr.*

*Sparrow's Pt.*

*15*

Accident or Suicide



Name  
in  
Full

Andrew Budna

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Sparrows Point* Town *Baltimore* County **MARYLAND**

Date of death *1909* Month *July* Day *13* Age *65* Years Months Days

Sex *male* Color or Race *white* Birth-place *Poland*

Occupation *Blacksmith* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Poland*

Mother's Maiden Name *Unknown* Mother's Birthplace *Poland*

Name of person giving Information *for Blain* How related to deceased *None*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Accidentally burned in*

Immediate *a burning house*

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

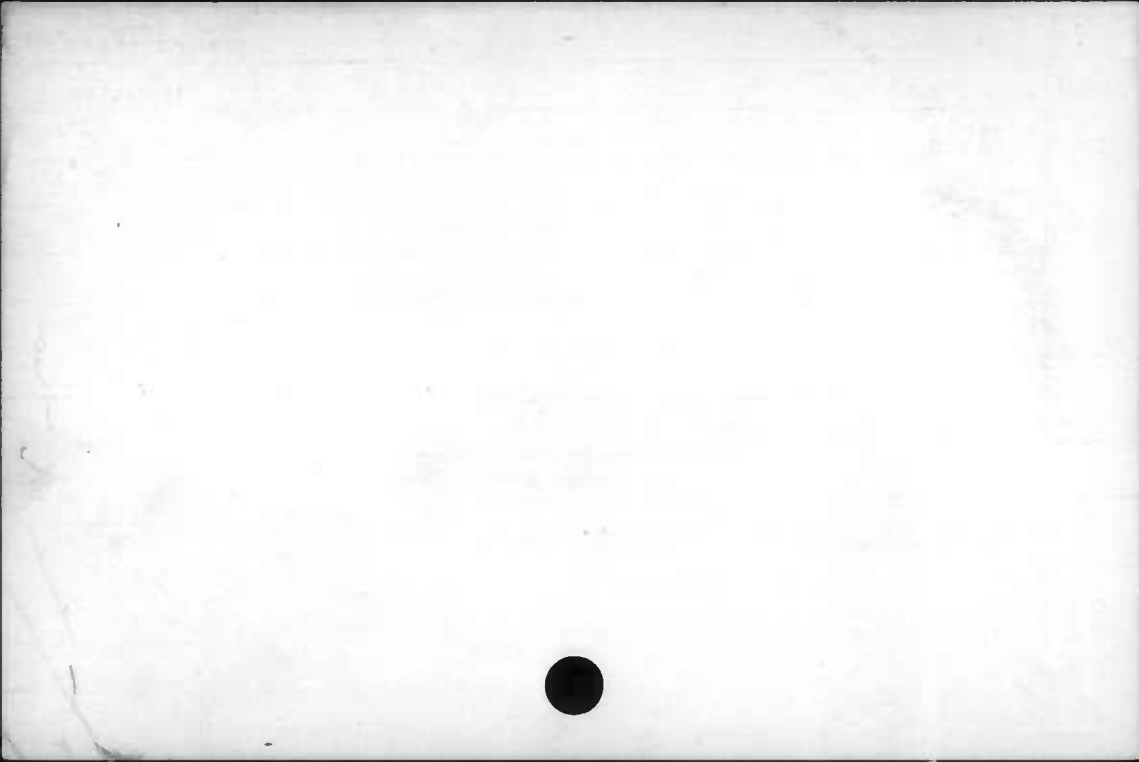
Address

Accident or Suicide

*Accident*

How long

How long





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at 811 3<sup>rd</sup> St Highlandtown Baltimore County  
 Date of death 1908 Month 7 Day 11 Age 70 years Months      Days     

Sex Female Color or Race White Birth-place Ma

Occupation None Where Residing if not at place of death 811 3<sup>rd</sup> St Highlandtown

Married, Single or Widowed Widow Name of Wife or Husband

Father's Name Moses Stafford Father's Birthplace Ireland

Mother's Maiden Name Mary S Sprinkel Mother's Birthplace Ma

Name of person giving information Mrs L B Bright How related to deceased Daughter

## CAUSES OF DEATH

Primary Acute Indigestion How long 4 days

Immediate Paralysis How long 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

J. C. Schofield  
1481 Forest St.

Accident or Suicide?

St Vincent Society

Albert S. Fuller

Name in Full		Hermia Gadedla				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Monell Park		County		Balto	
					MARYLAND			
	Date of death	1909	Month	July	Day	9	Age	—
					Years		Months	11
							Days	10
	Sex	female		Color or Race	white		Birth-place	Balto Co Md
Occupation		—		Where Residing if not at place of death				—
Married, Single or Widowed		Single		Name of Wife or Husband		—		
Father's Name		Robert Schultze				Father's Birthplace		Russia
Mother's Maiden Name		Rosa Gadedla				Mother's Birthplace		Bohemia
Name of person giving information		Thomas Polcack				How related to deceased		Uncle
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Summer diarrhoea				How long	2 weeks.
	Immediate		Convulsions				How long	24 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Geo. S. M. Kieffer	
					Address		Monell Park Balto Co. Md.	
Accident or Suicide?								

105

Oak Hill Cemetery  
Frank Owen & Son  
July 1969

Name  
in  
Full

Bernard Calvin Campbell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Highlandtown* <sup>County</sup> *Balto* **MARYLAND**

Date of death *1909* <sup>Month</sup> *7* <sup>Day</sup> *26* <sup>Years</sup> *—* <sup>Months</sup> *8* <sup>Days</sup> *9*

Sex *Male* Color or Race *White* Birth-place *Balto Co.*

Occupation *—* Where Residing if not at place of death *3731 W. Pleasant Ave.*

Married, Single or Widowed *—*Name of Wife or Husband *—*

Father's Name

*John H. Campbell.*

Father's Birthplace

*Balto. Md*

Mother's Maiden Name

*Ellen J. Malone*

Mother's Birthplace

*Port Deposit Md.*

Name of person giving Information

*John H. Campbell*

How related to deceased

*Father.*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

*Cholera Infantum*

How long

*1 week*

Immediate

*Exhaustion*

How long

*6 hours*

Are the name, age, sex, color, date and place correctly given above?

*Yes.*

Signature of Physician

*Jas. S. Gorman Md*

Address

*3 E. Gough  
Highlandtown Md.*

Accident or Suicide

*No*

St Patrick's cemetery  
July 28th 1909,

John A. Moran  
Undertaker  
300 E. Balto St.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

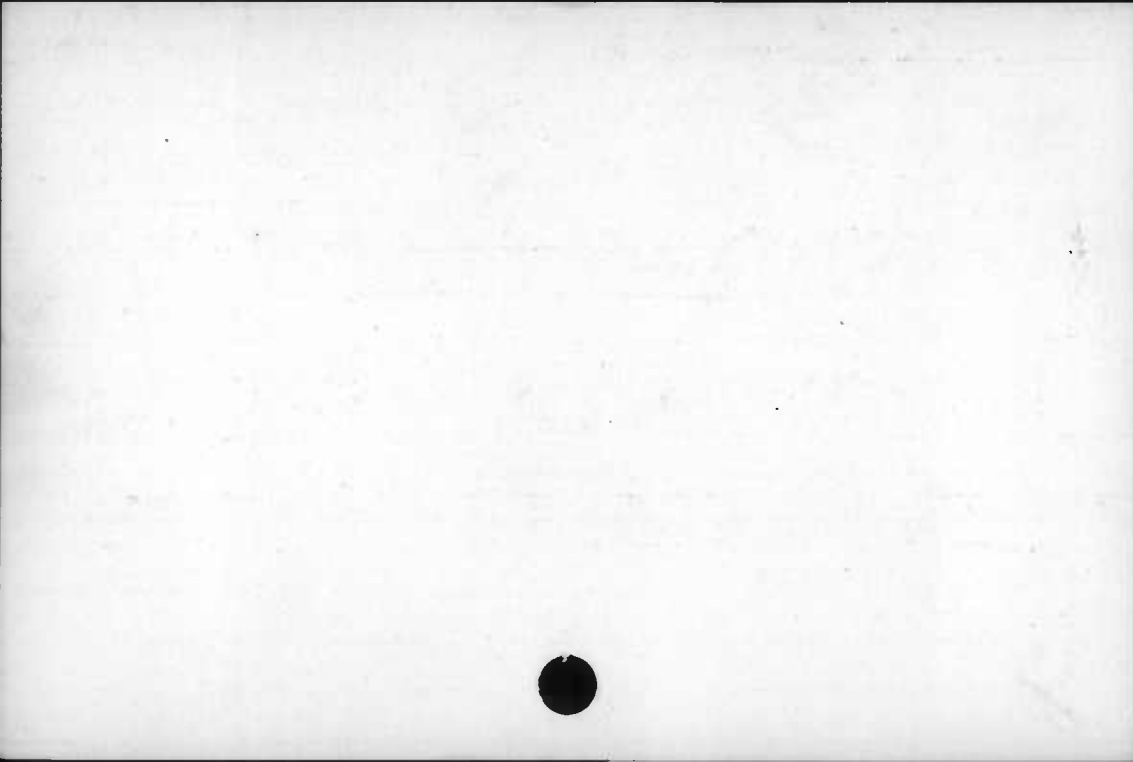
Name in Full <u>Althea Carmen</u>		Town <u>Mt. Salem</u>		County <u>Baltimore</u>		MARYLAND	
Died at <u>Mt. Salem</u>		Date of death <u>1909</u>		Month <u>July</u>		Day <u>21</u>	
Age <u>—</u>		Years <u>—</u>		Months <u>4 mos</u>		Days <u>—</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore</u>			
Occupation <u>Infant</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>Charles Carmen</u>				Father's Birthplace <u>Mt. Carm</u>			
Mother's Maiden Name <u>Not known</u>				Mother's Birthplace <u>Not known</u>			
Name of person giving information <u>Mrs. Chas. Carmen</u>				How related to deceased <u>sister</u>			

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary <u>Malnutrition</u>		How long <u>1 + mo</u>	
Immediate <u>Intestinal obstruction</u>		How long <u>2 days</u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John K. J. Jr. M.D.</u>	
		Address <u>714 Northwood, Md.</u>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Wm H C Chambers* Town *Lutherville Md* County *Balto*Date of death *1909* Month *July* Day *7* Age *7* Months *7* Days *-*Sex *male* Color or Race *white* Birth-place *Lutherville Md*Occupation *none* Where Residing if not at place of death *Lutherville*Married, Single or Widowed *Single* Name of Wife or Husband *-*Father's Name *Jno H Chambers* Father's Birthplace *Ashland*Mother's Maiden Name *Emma Orr* Mother's Birthplace *Va, Md*Name of person giving information *Jno C Chambers* How related to deceased *Father*

## CAUSES OF DEATH

105

Primary *Enterocolitis* How long *15 days*Immediate *meningitis* How long *5 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *B. T. Pursey*Address *Seaford Md.*

Accident or Suicide?

J. Lee Burns Sons  
Lawson  
St. Joseph. Tenn.  
Texas Bldg. Co.

Name  
in  
Full

Edna Chisholm

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Towson Town Ballo. County MARYLAND

Date of death 1909 Month July Day 9 Age 2 Years — Months — Days —

Sex Female Color or Race white Birth-place Ballo. Co.

Occupation None Where Residing if not at place of death Towson

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Elmer Chisholm Father's Birthplace Ballo. Co.

Mother's Maiden Name Bessie Barton Mother's Birthplace Ballo. Co.

Name of person giving Information Elmer Chisholm How related to deceased Father

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Phthisis Pulmonalis Acute How long 4 Wks.

Immediate Coronary Arteriosclerosis How long 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. [Signature] Address Towson Md.

Accident or Suicide no

John Burns Sons  
Touson.

---

Prospect Hill  
Cem.

Touson

Debaugh's house  
York Road

Name  
in  
Full

Ray Cohen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Evans Hospital Bldg.</i>		Town		County		MARYLAND	
Date of death <i>1909</i>		Month <i>July</i>		Day <i>6</i>		Age <i>23</i>	
Sex <i>Female</i>		Color or Race <i>Wh</i>		Birth-place <i>Balto. Md.</i>		Months	
Occupation <i>?</i>		Where Residing if not at place of death <i>Same place</i>		Years		Days	
<del>Marrried, Single or Widowed</del>		Name of Wife or Husband					
Father's Name <i>Louis Cohen</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>Fannie Cohen</i>		Mother's Birthplace <i>Russia</i>					
Name of person giving information <i>Mrs. Cohen</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis and Endocarditis</i>		How long <i>?</i>	
Immediate <i>Inoxition</i>		How long <i>?</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>S. Wolman</i>	
		Address <i>129 N. Broadway</i>	
		<i>Balto. Md.</i>	
Accident or Suicide?			

Max Larson  
1620 Mc Elderry St.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

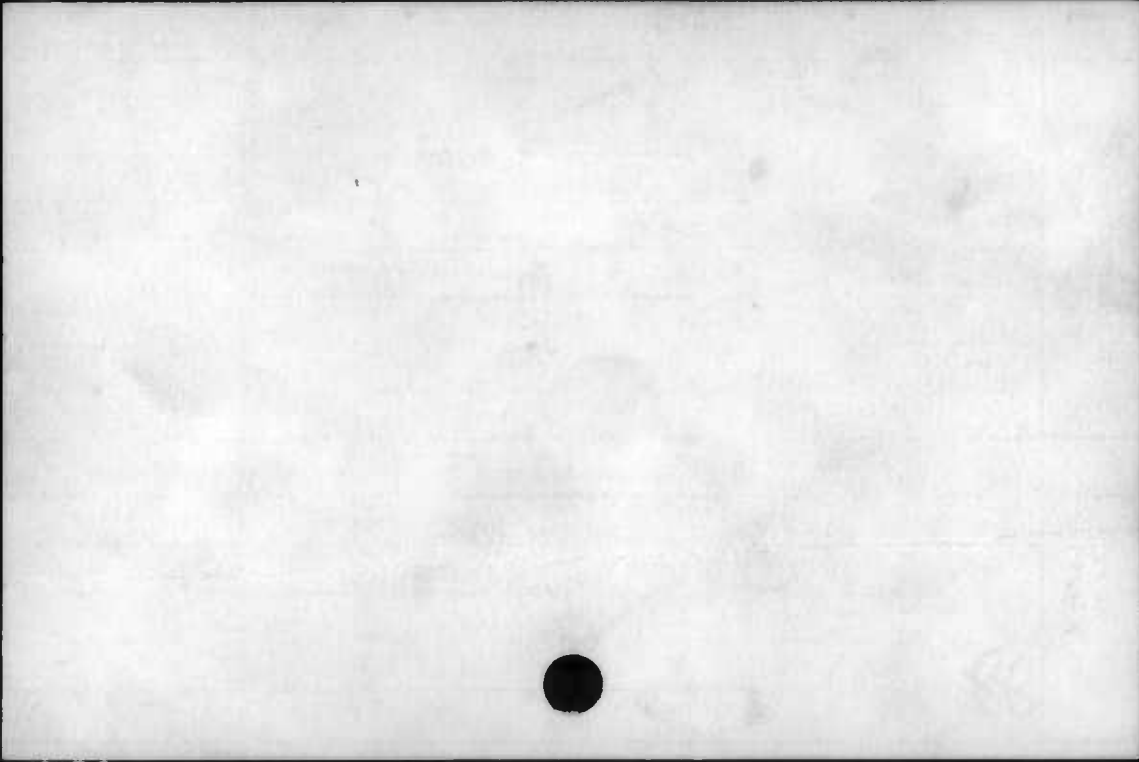
Died at <i>Trenton</i> Town		County <i>12th</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>7</i>	Day <i>12</i>	Age <i>74</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>retired Blacksmith</i>			Where Residing if not at place of death <i>Annin, Iowa</i>		
Married, Single or Widowed <i>widower</i>	Name of Wife or Husband <i>Annie Fowble</i>				
Father's Name <i>Abijah Cole</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Shullman Cooper</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

142

PHYSICIAN  
OR CORONER

Primary Cause of Death <i>Thrombosis from Heart disease</i>		How long <i>two weeks</i>
Immediate Cause <i>Gangrene</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Jost H. Wilson</i>
<i>8</i>		Address <i>Fruitburg, Md</i>
Accident or Suicide?		





Name  
in  
Full

Mrs Mary Josephine Constantine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Cottonville		County		Baltimore		MARYLAND	
Date of death	1908	Month	July	Day	26	Years	53	Months	1
Sex	Female		Color or Race	White		Birth-place	Virginia		
Occupation	None				Where Residing if not at place of death		625 W Washington Baltimore		
Married, Single or Widowed	Widow		Name of Wife or Husband		Henry K Constantine, "Uncle"				
Father's Name	John Butler					Father's Birthplace	Ireland		
Mother's Maiden Name	Isabelle Cuthbertson					Mother's Birthplace	Scotland		
Name of person giving information	Mallie Balgob					How related to deceased	Sister		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Bright's disease	How long	8 years
Immediate	Insanition & Collapse	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Chas. Macgill
		Address	Catonsville
Accident or Suicide?			

Joseph B. Cook.  
St. Patrick's Cemetery.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *William J. Craiger*  
Town *Carmoy* County *Baltimore*

MARYLAND

Died at *Carmoy* *Baltimore*  
Date of death 1909 *July* *17* Age *71* Months *10* Days *—*Sex *Male* Color or Race *White* Birthplace *West Virginia*  
Occupation *Physician* Where Residing if not at place of death *Balto.*☐ Married, Single  
☒ WidowedName of Wife or Husband *none*Father's Name *Jacob J. Craiger*Father's Birthplace *Not Known*Mother's Maiden Name *Eliza Parson*Mother's Birthplace *Not Known*Name of person giving Information *Miss E. M. Craiger*How related to deceased *Daughter*

## CAUSES OF DEATH

64

Primary *Apoplexy* How long *2 hours*  
Immediate *Cardiac Asthenia* How long *1/2 hour*

Are the name, age, sex, color, data and place correctly given above?

*yes*

Signature of Physician

Address

*J. P. P. Green W.D.*  
*Louisa Md*Accident or Suicide *—*PHYSICIAN  
OR CORONER

Stewart & Mowen Co  
Funeral Directors  
215 Park Ave  
for Interment - Balto, City  
Cumberland, Md,  
July 20<sup>th</sup> /09

Name  
in  
Full

Bennie Cresance

## CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

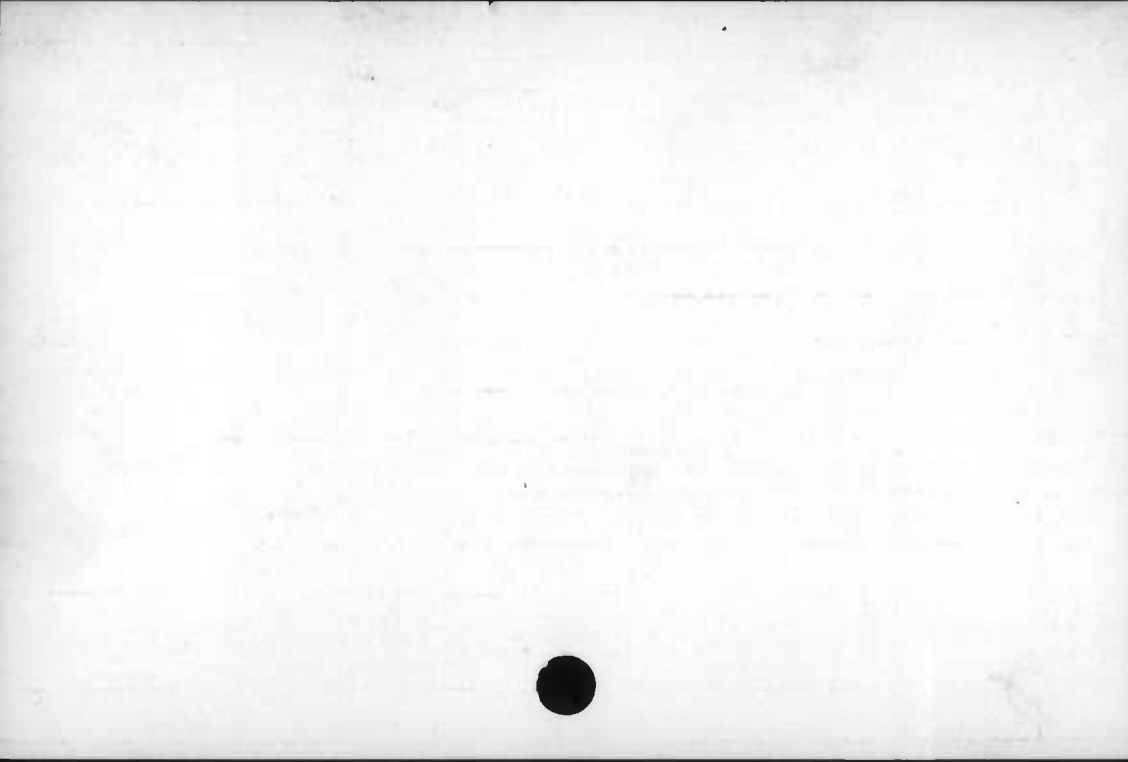
Died at		Town <i>W. M. M. M.</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month <i>July</i>	Day <i>28</i>	Age <i>1</i>	Years <i>1</i>	Months <i>2</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Baltimore</i>				
Occupation <i>Inspector</i>			Where Residing if not at place of death —				
Married, Single or Widowed —			Name of Wife or Husband —				
Father's Name <i>Joseph Cresance</i>				Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Not known</i>				Mother's Birthplace <i>Not known</i>			
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Broncho-pneumonia</i>	How long <i>16 days</i>
Immediate	"	How long <i>16</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. K. J. M. D.</i>
		Address <i>W. M. M. M. D.</i>
Accident or Suicide?		



Name  
in  
Full

John Thomas Cross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		7	21	64		1	24
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	Contractor			Where Residing if not at place of death			
Jowson							
<del>Married</del> Widowed	Name of Wife or Husband		M. Jane Cross				
Father's Name	Thomas Cross				Father's Birthplace	Md. Balto. Co.	
Mother's Maiden Name	Louiza Scheldt				Mother's Birthplace	Md. Balto. Co.	
Name of person giving information	Linwood Cross				How related to deceased	Son	

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Acute Indigestion Causing "Apoplexy".		How long	Abt 5 hours.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	J. W. Hawley M. D.
			Address	Jowson.
				Maryland.
Accident or Suicide?	<input checked="" type="checkbox"/>			

Govaus Presbyterian  
Cm

July 24-1898-

William Cook  
Undertaker.



Name in Full		Marie Cumberland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Highlandtown	County Baltimore		MARYLAND	
	Date of death	1909	Month July	Day 16 <sup>th</sup>	Age —	Months 4	Days —
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		3406 Fairview	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	John H. Cumberland				Father's Birthplace	Md.
	Mother's Maiden Name	Margaret Kellman				Mother's Birthplace	Md.
Name of person giving information	John H. Cumberland				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">105</div>							
PHYSICIAN OR CORONER	Primary		Gastro Enteritis			How long	
	Immediate		Asphyxia			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		M. J. McAvoy M.D.	
				Address		839 S. Canton St.	
Accident or Suicide? <input type="checkbox"/>							

Lilly and Zeiler  
Undertakers  
Sacred Heart Cemetery  
July 18<sup>th</sup> 1909

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

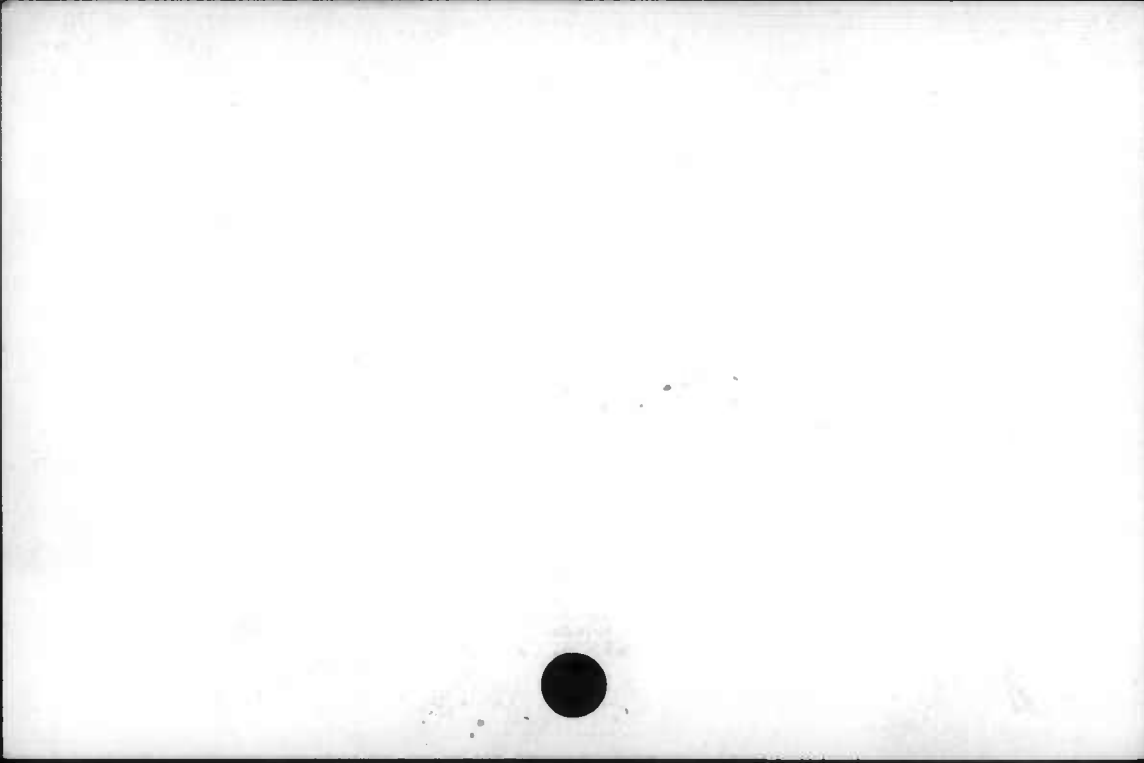
Mary Louise Curtes.

## CERTIFICATE OF DEATH

Died at <i>Calomville</i>		Town		<i>Balto</i>		County	
Date of death <i>1909 July 22</i>		Month		Day		Years	
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>Calomville</i>		Months <i>1</i> Days <i>7</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Calomville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>James Curtes,</i>		Father's Birthplace <i>Calomville</i>					
Mother's Maiden Name <i>Sertrude Snowden</i>		Mother's Birthplace <i>Balto Co</i>					
Name of person giving Information <i>Mary Snowden,</i>		How related to deceased <i>Grand Mother</i>					

## CAUSES OF DEATH

Primary	<i>Myocardius</i>	How long	<i>4 weeks</i>
Immediate	<i>asthenia</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Marshall B. West,</i>	
		Address <i>Calomville</i>	
Accident or Suicide <i>no</i>		<i>Ind, 1</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Balto.</i> <sup>County</sup>		MARYLAND			
Date of death	<i>1909</i>	Month <i>July</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto.</i>		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles W. Davidson</i>		Father's Birthplace <i>Ind.</i>		Mother's Maiden Name <i>Caroline Euler</i>			Mother's Birthplace <i>Balto.</i>
Name of person giving information <i>Charles W. Davidson</i>		How related to deceased <i>Father</i>		<i>142</i> X			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gangrene - right foot -</i>	How long <i>2 wks -</i>
Immediate <i>Convulsions</i>	How long <i>4 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Impet Brown</i>
<i>J</i>	Address <i>125 O'Donoghue</i>
Accident or Suicide?	

London Park Cemetery

July 28<sup>th</sup> 1909.

F. H. Sander & Sons

---

W. H. Sander

Name in Full		TOWN				COUNTY		STATE			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND			
		Date of death		Month	Day	Age	Years	Months	Days		
		Sex		Color or Race		Birth-place					
		Occupation		Where Residing if not at place of death							
		Married, Single or Widowed		Name of Wife or Husband							
		Father's Name		Father's Birthplace							
		Mother's Maiden Name		Mother's Birthplace							
Name of person giving information		How related to deceased									
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Cholera Infantum		How long		2 wks.			
		Immediate		Exhaustion		How long					
		Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		J. V. Downes			
		To the best of my knowledge		Address		1617 Madison Ave.					
Accident or Suicide?											

Max Lemmon  
1620 Mc Elder St  
Rose Dale cemetery.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Anna T. Doyle</i>		Town <i>Banton</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Banton</i>		Month <i>7</i>		Day <i>5</i>		Years <i>2</i>	
Date of death <i>1909</i>		Month <i>7</i>		Day <i>5</i>		Years <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Banton, Ind.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Banton, Ind.</i>					
Married, Single or Widowed <i>S.</i>		Name of Wife or Husband <i>Francis P. Doyle</i>					
Father's Name <i>Francis P. Doyle</i>		Father's Birthplace <i>Balto.</i>					
Mother's Maiden Name <i>Theresa Adams</i>		Mother's Birthplace <i>Balto.</i>					
Name of person giving Information <i>Francis P. Doyle</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>6 days</i>
Immediate <i>Cardiac Syncope</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. D. James</i>
	Address <i>2419 Elliott St.</i>
Accident or Suicide <i>X</i>	

John A Worum  
Bank & Ann St.

W/11  
Sacred Heart  
July 1/11 Penny

Name in Full		Elizaboth E. Eder				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at near <u>Baltimore</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND
	Date of death <u>1909</u>	Month <u>July</u>	Day <u>22</u>	Age <u>—</u>	Years <u>—</u>	Months <u>21</u>	Days <u>months</u>
	Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>Baltimore, Md.</u>		
	Occupation <u>—</u>			Where Residing if not at place of death <u>Baltimore city</u>			
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>Geo. Eder</u>				Father's Birthplace <u>Balt. city</u>		
	Mother's Maiden Name <u>Clara S. Farnum</u>				Mother's Birthplace <u>Boston, Mass.</u>		
Name of person giving information <u>father</u>				How related to deceased <u>✓</u>			
				CAUSES OF DEATH		105	
PHYSICIAN OR CORONER	Primary <u>Shen. colitis</u>				How long <u>about 10 days</u>		
	Immediate <u>—</u>				How long <u>—</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>J. F. Shemwell</u>		
	Accident or Suicide? <u>no</u>				Address <u>2226 Madison ave.</u> <u>Baltimore</u>		

G. F. Walker

723 N. Laf. Ave.

Holy Redeemer

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town *Canton* County *Essex*, **MARYLAND**

Date

of death 190

Month *July*

Day *25*

Age

Years

Months

Days

Sex

*Male*

Color or  
Race

*White*

Birth-  
place

*Canton*

Occupation

Where Residing if not  
at place of death

*#3423 Hudson St.*

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Geo. B. Erick*

Father's  
Birthplace

*D. C.*

Mother's  
Maiden Name

*Ida Melvin*

Mother's  
Birthplace

*Balto. Md.*

Name of person giving  
Information

*Geo. B. Erick*

How related  
to deceased

*Father*

CAUSES OF DEATH

Primary

*Compression of Cord.*

How long

Immediate

*Still born infant.*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*M. J. McQuay, M.D.*

Address

*#1839 S. Canton St.*

Accident or Suicide

PHYSICIAN  
OR CORONER

---

Lilly and Zeilen,

---

Baltimore Cemetery

July 24<sup>th</sup> / 1909.

---

Name  
in  
Full

Frank A. Ermer.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1909	July	16	20		6	—
Sex	male	Color or Race	white.	Birth-place	Baltimore	
Occupation	Baker.		Where Residing if not at place of death		Catonsville Md	
Married, Single or Widowed	Single	Name of Wife or Husband	none			
Father's Name	Anton Ermer			Father's Birthplace	Germany	
Mother's Maiden Name	Anna Ermer			Mother's Birthplace	Germany	
Name of person giving Information	Henry S. Ermer			How related to deceased	Brother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mitchel Reagin station	How long	3 yrs.
Immediate	Heart failure.	How long	15 hours.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Marshall B. West.
		Address	Catonsville, Md.
Accident or Suicide			





Name  
in  
Full

James Albert Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

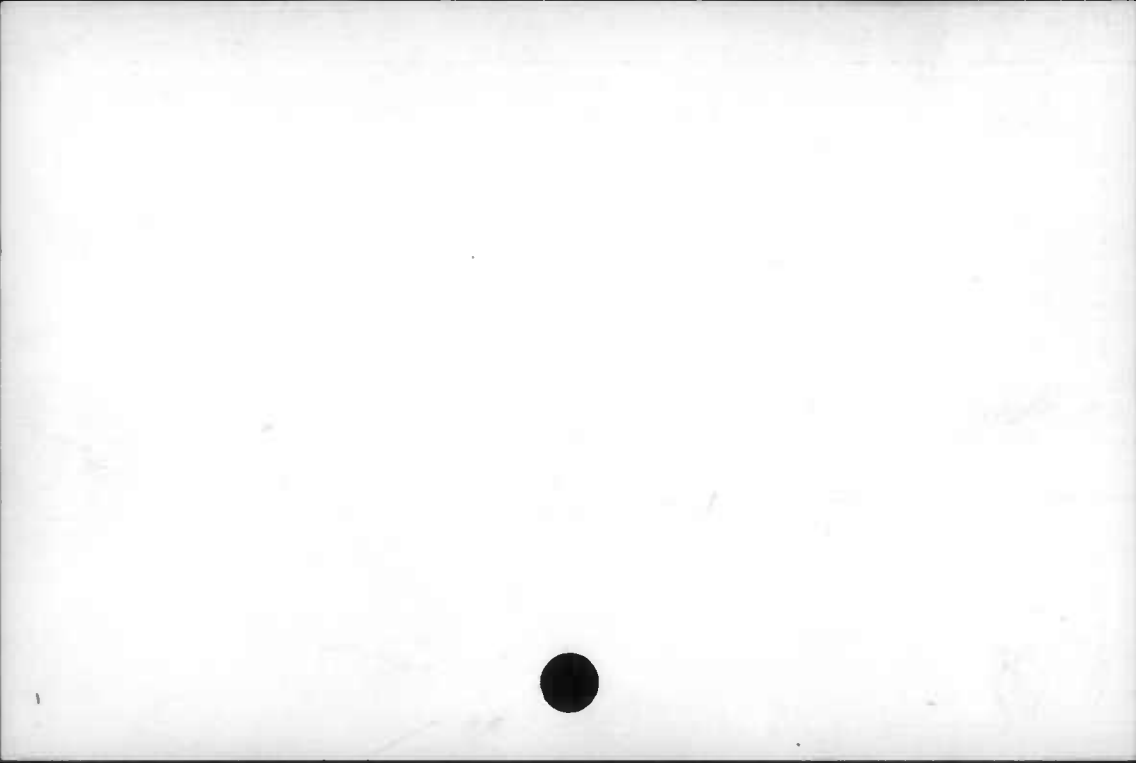
Died at <sup>Town</sup> <i>Beechfield</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death 1909		Month <i>7</i>	Day <i>25</i>	Age	Months <i>5</i> Days <i>18</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>above</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>George N. Evans</i>		Father's Birthplace <i>Baltimore Co Md</i>			
Mother's Maiden Name <i>Mary E. Bauer</i>		Mother's Birthplace <i>Baltimore Co</i>			
Name of person giving Information <i>George N. Evans</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary	<i>Illis Colitis (Tubercular)</i>	How long <i>2 months</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry J. Hake Md</i>
<i>J</i>		Address <i>Ivoryton</i>
Accident or Suicide		



Name  
is  
Full

Teresa Flaunlach

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Arlington</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	<i>July</i> <sup>Month</sup>	<i>22</i> <sup>Day</sup>	Age <i>30</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. md</i>		
Occupation _____		Where Residing if not at place of death <i>2124 Bolton st</i>			
Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband _____			
Father's Name <i>Samuel Flaunlach</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Sarah Wornitz</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>M. Isenbrg</i>			How related to deceased <i>2nd Cousin</i>		

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>30 minutes</i>
Immediate <i>Heart Failure</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. Grant M.D.</i>
<i>X</i>	Address <i>1721 N. Payson st</i>
Accident or Suicide?	

David Jonathan 923 Madison  
Baltimore Md  
Belmont

---

Name  
in  
Full

CERTIFICATE OF DEATH

John Edward Flayhart  
Town Balto

MARYLAND

Died at Town Balto  
Date of death 1909 7 28 Age 54 Months 11 Days 18  
Sex Male Color or Race White Birth-place Towson Md.  
Occupation Printer Where Residing if not at place of death Towson Md.  
Married, Single or Widowed Married Name of Wife or Husband Mattie M. Flayhart  
Father's Name Edward Flayhart Father's Birthplace Md.  
Mother's Maiden Name Margaret Gosh. Mother's Birthplace Md.  
Name of person giving Information J. Howard Flayhart How related to deceased Son.

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

41

Primary Cancer of Intestines How long 18 months  
Immediate Hematuria & Obstruction of Bowels How long 26 days  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician James H. Jarrett  
Address Towson

PHYSICIAN  
OR CORONER

Accident or Suicide

Prospect Hill Cem

---

July 31/909

Wm Cook

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Highlandtown Balto.

MARYLAND

Date

of death

1909 July

Day

13<sup>th</sup>

Age

3

Months

6

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Balto Md.

Occupation

None

Where Residing if not  
at place of death

713 S. Boulevard

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Conrad Fleischmann

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Walburga Kispert

Mother's  
Birthplace

Balto Md.

Name of person giving  
Information

Conrad Fleischmann

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Meningitis

How long

2 weeks

Immediate

E. haerthini

How long

5 days

Are the name, age, sex, color, data  
and place correctly given above?

ye

Signature of  
Physician

Address

M. J. McCawley M.D.  
39 S. Canton St.

8

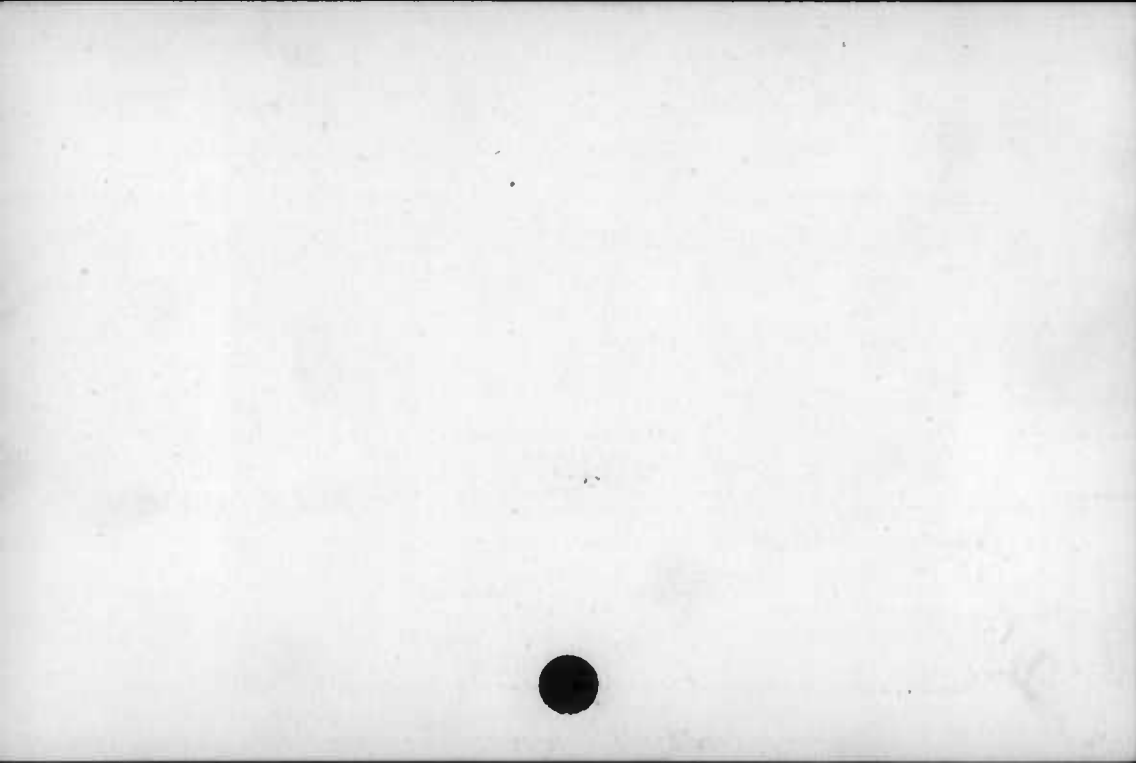
Accident or Suicide

PHYSICIAN  
OR CORONER

Lilly and Geiler  
Undertakers  
Holy Redeemer Cemetery  
July 15<sup>th</sup> 09.

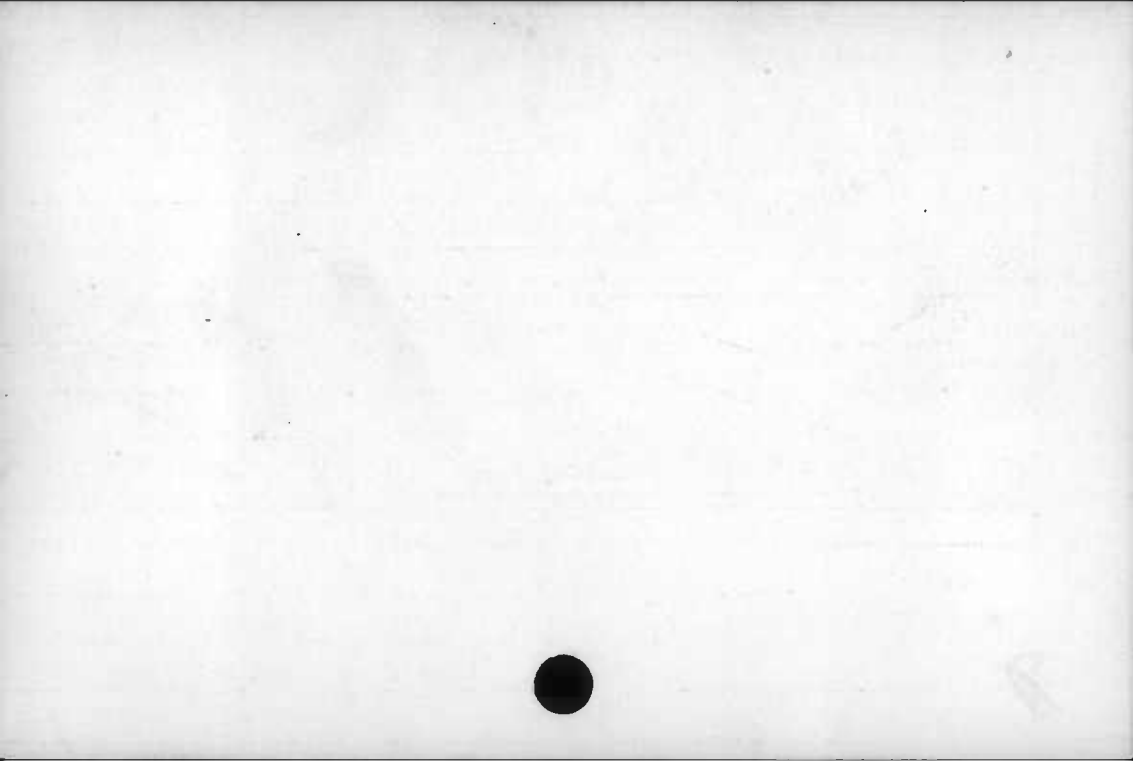


Name In Full		Alfred Manual Fountain				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Harrisonville	County Baltimore	MARYLAND				
		Date of death		Month July	Day 24	Years 50	Months 1	Days		
		Sex		Male		Color or Race	Cold			
		Birth-place		Easton Md.						
		Occupation		Farm hand		Where Residing if not at place of death			at home	
Married, Single or Widowed		Married		Name of Wife or Husband				Julia Fountain		
Father's Name		Manual Fountain				Father's Birthplace		Easton Md.		
Mother's Maiden Name		Sarah Fountain Ross				Mother's Birthplace		Easton Md.		
Name of person giving information		Julia Fountain				How related to deceased		Wife		
		CAUSES OF DEATH				120				
-PHYSICIAN- OR CORONER		Primary		Bright's Disease				How long	one month 9 days	
		Immediate		Bright's				How long		
		Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		Coroner William E. Fite J.P.
								Address		Roslyn Md.
		Accident or Suicide?		neither						



Name in Full		Tillie Friedman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town M. Mlen		County Baltimore		MARYLAND	
	Date of death	1909	Month July	Day 24	Age 1	Years 3	Months -
	Sex	Female		Color or Race	White		Birth-place Baltimore
	Occupation	Infant		Where Residing if not at place of death			
	Married, Single or Widowed	-		Name of Wife or Husband			
	Father's Name	Meyer Friedman				Father's Birthplace	Not known
	Mother's Maiden Name	Not known				Mother's Birthplace	Not known
	Name of person giving information	Mrs. Friedman				How related to deceased	Not stated
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	14 days
	Immediate	-				How long	" "
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Accident or Suicide?				Address		

105



Name  
in  
Full

Emma Louise Frisius

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at 4400 Maine Ave., West Forest Park		Baltimore			
Date of death	Month	Day	Age	Months	Days
1909	July	16	5-9	4	20
Sex	Color or Race	Birth-place			
Female	white	Germany			
Occupation	Where Residing if not at place of death				
none					
Married, Single or Widowed	Name of <del>Wife</del> or Husband				
widowed	Adolf A.W.E. Frisius				
Father's Name	Father's Birthplace				
Carl Dohme	Germany				
Mother's Maiden Name	Mother's Birthplace				
Louise Graebe	Germany				
Name of person giving Information	How related to deceased				
Gustavus C. Dohme, M.D.	nephew				

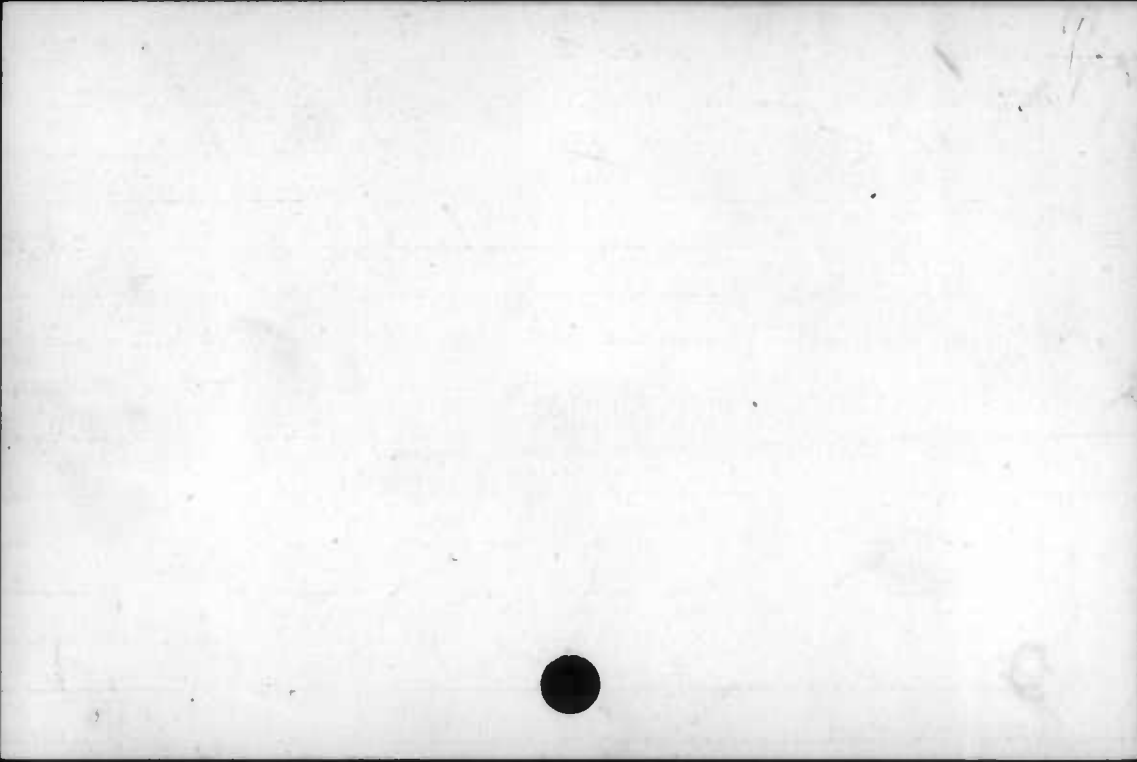
## CAUSES OF DEATH

Primary	Cerebral Thrombosis	How long	82
Immediate	Uremia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Gustavus C. Dohme, M.D.
		Address	1808 Guilford Ave., Balto., Md.
Accident or Suicide			

PHYSICIAN  
OR CORONER

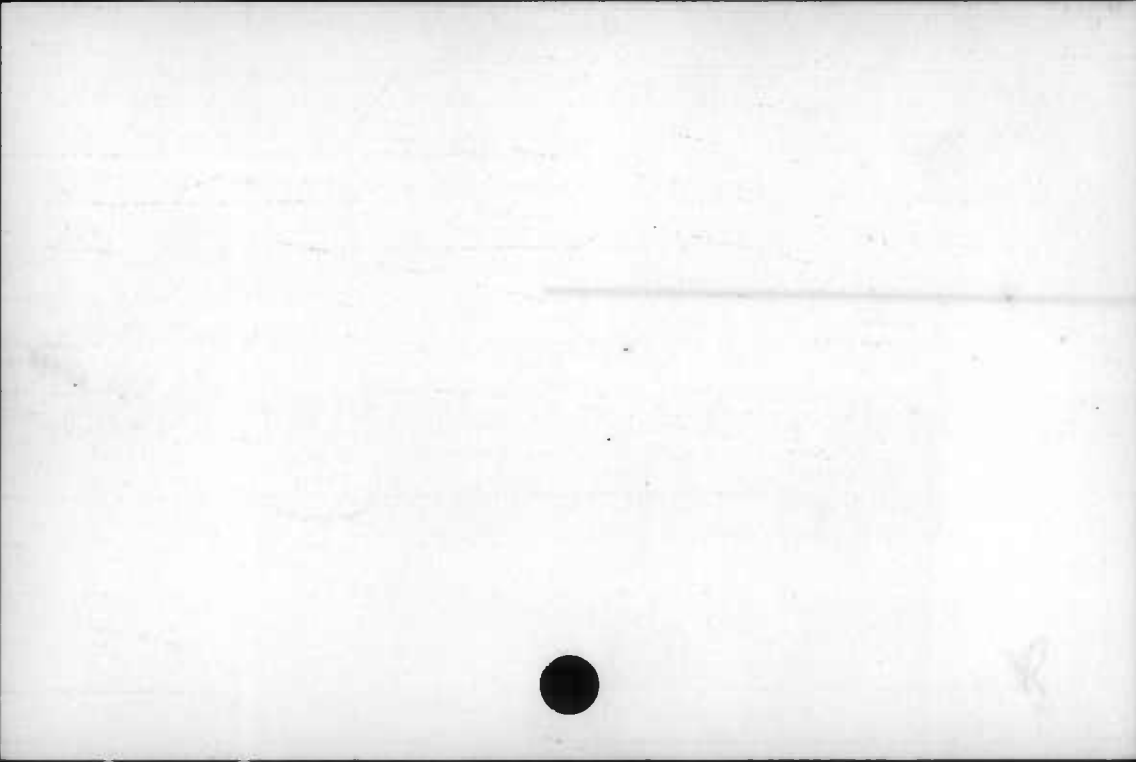
William J. Dickner & Sons.  
London Park

Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Baltimore		Balt.		MARYLAND					
	Date of death	1909	Month	July	Day	4	Age	Years	Months	10	Days	—
	Sex	male		Color or Race	white		Birth-place	Balt.				
	Occupation	In yard				Where Residing if not at place of death		—				
	Married, Single or Widowed	—		Name of Wife or Husband		—						
	Father's Name	not known					Father's Birthplace	not known				
	Mother's Maiden Name	not known					Mother's Birthplace	..				
	Name of person giving information	Mrs. Stennary.					How related to deceased	friend.				
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary	Tuberculosis					How long	8 mo				
	Immediate	The cough					How long	2 wks.				
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician						
	—					Address						
Accident or Suicide?					Baltimore, Md.							





Name in Full		Pearl Gallen				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt. Wilson		County Baltimore		MARYLAND				
	Date of death		1909	Month July	Day 11	Age	Years —	Months 7 mos	Days —		
	Sex		Female		Color or Race		Black		Birth-place	Baltimore	
	Occupation				Where Residing if not at place of death						
	Infant				—						
	Married, Single or Widowed		—		Name of Wife or Husband						
	—		—								
Father's Name		Purdy Gallen					Father's Birthplace		Not known		
Mother's Maiden Name		Not known					Mother's Birthplace		Not known		
Name of person giving information		Mrs. Gallen					How related to deceased		Mother		
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Tuberculosis (pulmonary)					How long		4 mos.	
	Immediate		Tuberculosis					How long		4 "	
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician					
	<input checked="" type="checkbox"/>					Address					
Accident or Suicide?					J. M. Kent Jr. M.D. 712 Wilkes Md.						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Channing Mills

Town

Baltimore

County

MARYLAND

Date

of death

1908 July

Month

Day

25

Age

Years

Months

9

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Baltimore City

Occupation

Where Residing if not  
at place of death

# 1358 W North Ave

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Charles

Ganey

Father's  
Birthplace

Baltimore Md

Mother's  
Maiden Name

Annie

Dyer

Mother's  
Birthplace

Baltimore Md

Name of person giving  
Information

Annie

Ganey

How related  
to deceased

Mother

## CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

about 24 hours

Immediate

Shant

How long

1 hour

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

W H Campbell  
6 W 12th St  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER

Al. Charles Livingston

Name  
in  
Full

George Clement Gantz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Gowans* <sup>County</sup> *Baltimore* **MARYLAND**

Date of death 1909 <sup>Month</sup> *July* <sup>Day</sup> *9<sup>th</sup>* Age <sup>Years</sup> *67* <sup>Months</sup> *3* <sup>Days</sup> *12*

Sex *Male* Color or Race *White* Birth-place *Near Carrollton Ohio.*

Occupation *Retired* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary J. N. Gantz.*

Father's Name *Jacob Gantz* Father's Birthplace *Carrollton Ohio*

Mother's Maiden Name *Catharine Greenough* Mother's Birthplace *Same town*

Name of person giving Information *Charles R. Gantz* How related to deceased *Son*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Heart-insufficiency.* How long *Some years.*

*Asphyxia. Edema of lungs* How long *1 wk*

Immediate

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *Scott Stocking*

Address *Sta. St. Baltimore*

Accident or Suicide

Interment in  
Presbyterian Cemetery  
Govan

Baltimore Co

July 11<sup>th</sup> 1909 Md

Stewart & Mowen Co  
undertakers

215 Park ave

Baltimore Md

# CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

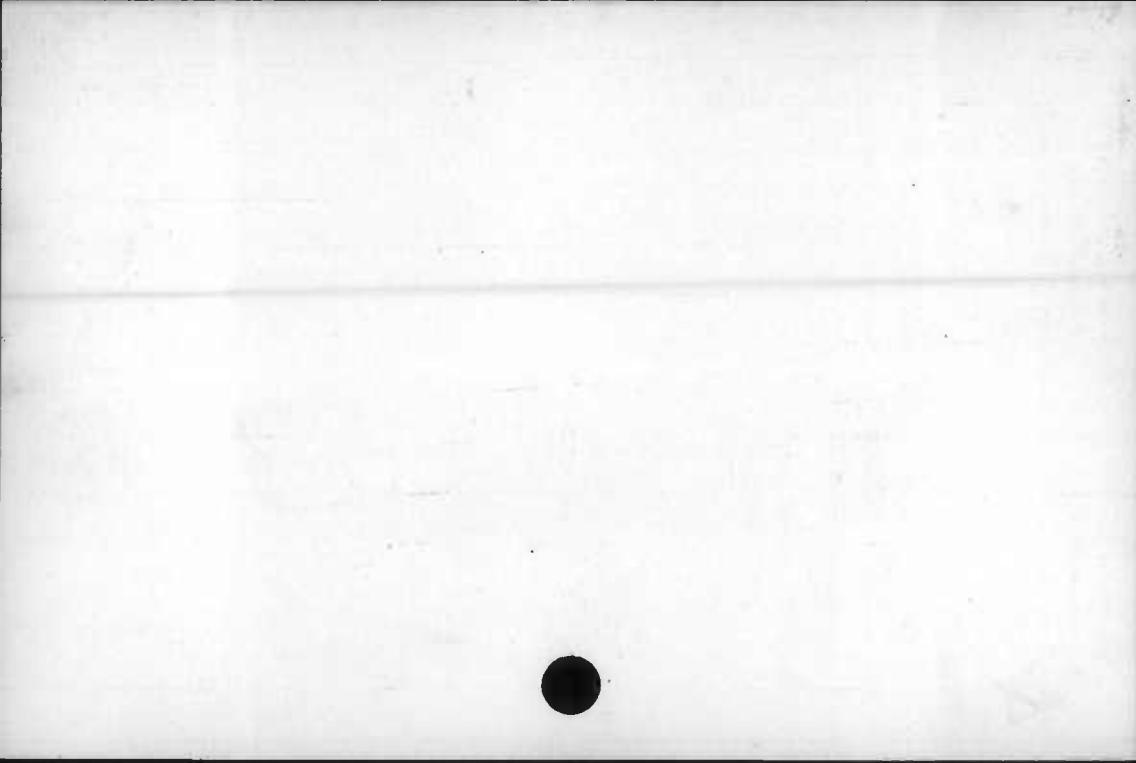
Died at		Town <u>Mr. Nelson</u>		County <u>Baltimore</u>		MARYLAND	
Date of death	1909	Month	July	Day	14	Age	Years —
						Months	8 mos
						Days	
Sex	Female		Color or Race	White		Birth-place	Wentworthland Co. Va.
Occupation	Infant		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		M. L. Garner				Father's Birthplace	
Mother's Maiden Name		Not known				Mother's Birthplace	
Name of person giving information		Mrs. M. L. Garner				How related to deceased	
						Mother	

### CAUSES OF DEATH

105

PHYSICIAN  
CORONER

Primary	Gastro-intestinal intoxication	How long	3 weeks
Immediate	" " "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John H. Lee, Jr.
		Address	Met W. Lee, Ind.
Accident or Suicide?			





Name  
in  
Full

William F Gell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Morell Park<sup>County</sup> Balto

Date

of death 1909

Month

July

Day

13

Age

Years

—

Months

11

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Balto Md

Occupation

Child

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Mr J. Gell

Father's  
BirthplaceHoward Co  
MdMother's  
Maiden Name

Florence B Sedgwick

Mother's  
BirthplaceBalto Co  
Md.Name of person giving  
Information

Mrs Florence Gell

How related  
to deceased

Mother

## CAUSES OF DEATH

8

Primary

Whooping Cough &amp; Summer Diarrhea

How long

1 week

Immediate

Convulsions

How long

18 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Geo. S. M. Kieffer

Address

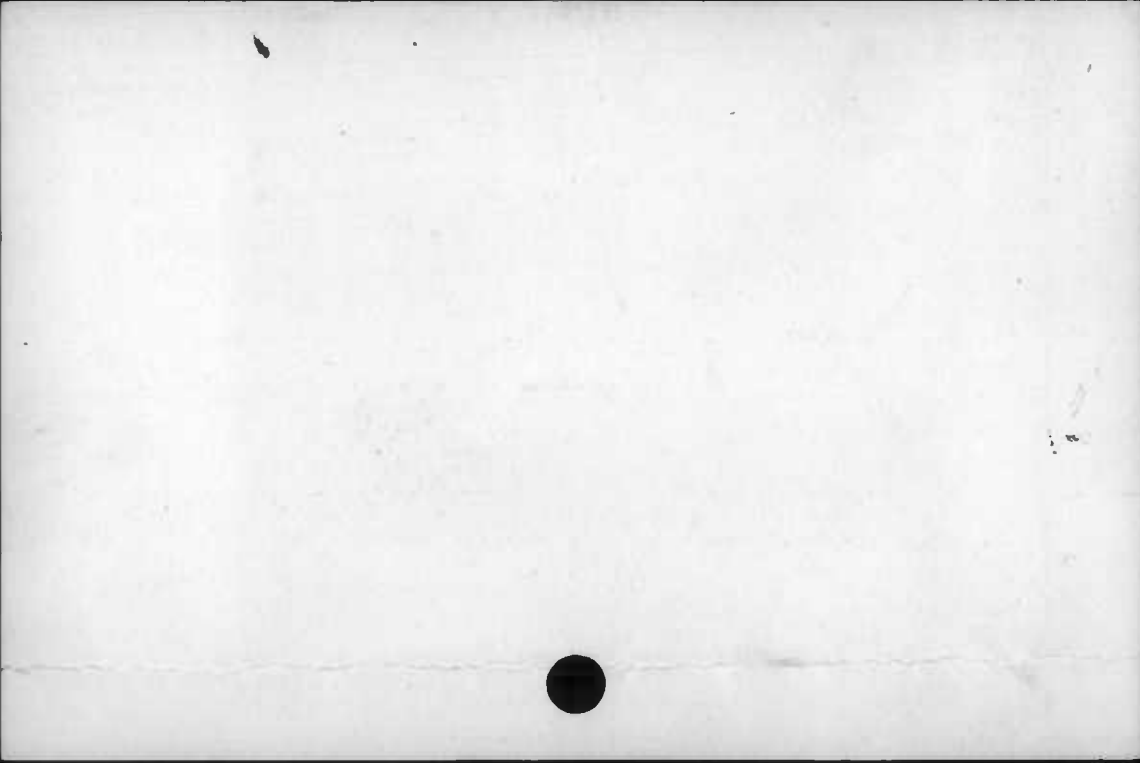
Morell Park  
Balto Co Md

8

Accident or Suicide?

Cowen & Gil  
St Augustine

Name in Full		George Gessford				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fondland		Calto		MARYLAND	
	Date of death	1909	July	8	Age	20	Months 19 Days 19
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Carpenter		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Albas H. Gessford				Father's Birthplace	Ind.
	Mother's Maiden Name	Anne M. Briggs				Mother's Birthplace	Ind.
	Name of person giving information	" " " "				How related to deceased	Mother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	6 months
	Immediate	"				How long	6 months
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Shrewsbury Pa		
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparrow Point</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	1909	Month	Feb	Day	27
Age	—		Years	Months	5
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>None</i>		Birth-place	<i>Sparrow Point</i>	
Where Residing if not at place of death	<i>Sparrow Pt</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	—	
Father's Name	<i>Aug. Gibbs</i>			Father's Birthplace	<i>Virginia</i>
Mother's Maiden Name	<i>Ranelle</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving Information	<i>Mrs Gibbs</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cholera Infantum* 105 How long *14 days*

Immediate How long

Are the name, age, sex, color, data and place correctly given above?

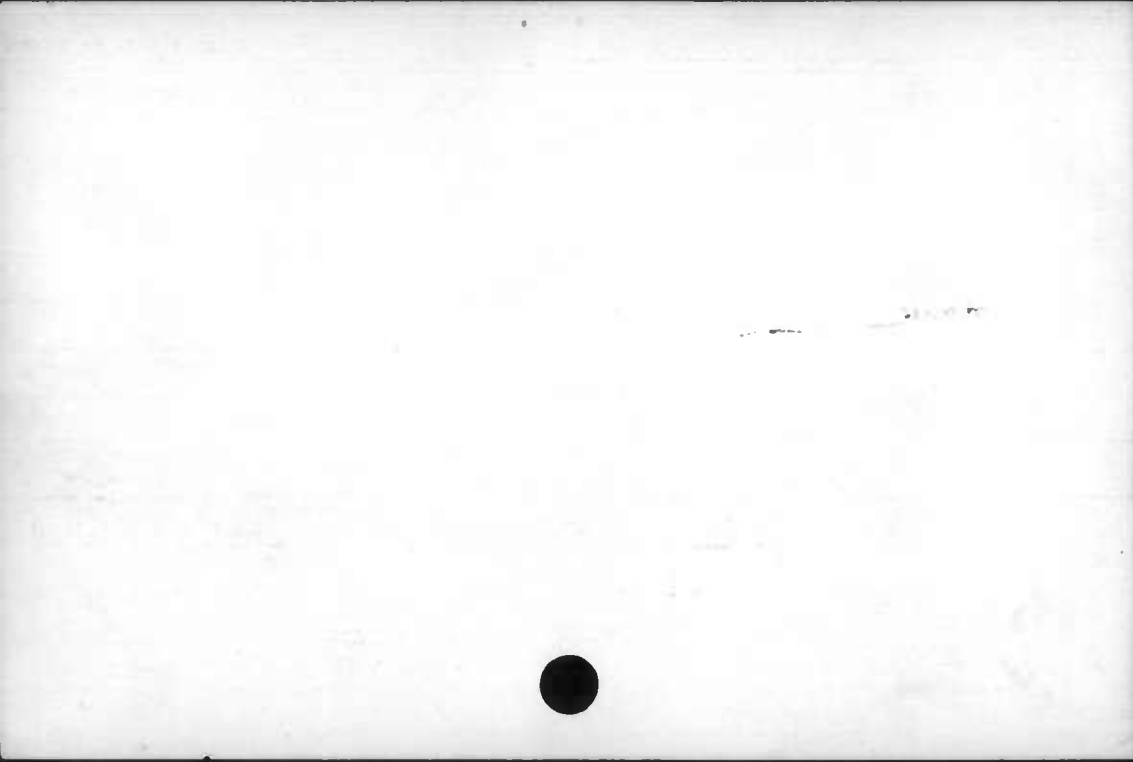
*yes*

Signature of Physician

Address

*F. A. Sauer M.D.*  
*1400 Jefferson St*  
*13*

Accident or Suicide



Name  
in  
Full

William Bernard Gillen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Franklin Town</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month <i>July</i>	Day <i>22</i>	Age <i>37</i>	Months <i>1</i>	Days <i>3</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balti. Co. Md.</i>				
Occupation <i>None - Recently</i>			Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Patrick Gillen</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Ellen Ryan</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Miss Lizzie Gillen</i>				How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

120 X

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Intermittent Asphitis</i>	How long <i>About 8 years</i>
Immediate	<i>Uræmic Coma</i>	How long <i>About 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Samuel Monahan</i>
		Address <i>Sickysville, Mo.</i>
Accident or Suicide? <i>_____</i>		





Name  
in  
Full

CERTIFICATE OF DEATH

Benjamin T. Glorius

Died at <sup>Town</sup> Calonsville <sup>County</sup> Baltimore MARYLAND

Date of death 1909 <sup>Month</sup> July <sup>Day</sup> 30 Age <sup>Years</sup> 37 <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race White Birth-place Baltimore Md.

Occupation Cutter Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Agnes T. Cotton

Father's Name Martin Glorius Father's Birthplace Germany

Mother's Maiden Name Mary Glorius Mother's Birthplace Germany

Name of person giving Information Agnes T. Glorius How related to deceased Wife

CAUSES OF DEATH

Primary Carbolic Acid Poisoning, How long Immediate Carbolic Acid Poisoning, How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Frederick L. Pakendorf

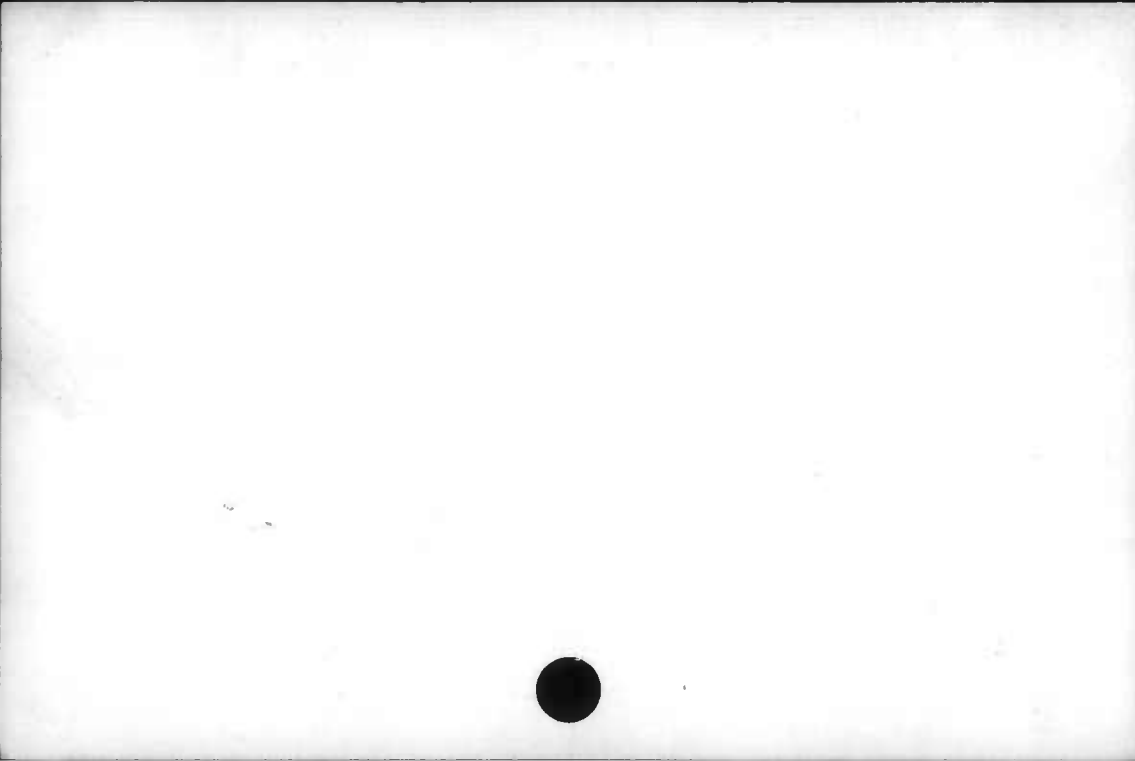
Address Coroner.

Accident or Suicide Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

(155) x



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Year	Months	Days
1909		July	22	Age 18	no	no
Sex	Female	Color or Race	Colored	Birth-place	Virginia	
Occupation	Schoolgirl			Where Residing if not at place of death	Old Frederick Road	
Married, Single or Widowed	Single	Name of Wife or Husband	None			
Father's Name	Moses Godfrey			Father's Birthplace	Virginia	
Mother's Maiden Name	Lula Johnson			Mother's Birthplace	Virginia	
Name of person giving Information	Lula Johnson			How related to deceased	Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of Intestines	How long	1 year
Immediate	Exhaustion	How long	"
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Charles L. Maupel M.D.
		Address	Calonsville Md
Accident or Suicide			

Hilson Cemetery Ellicott City

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

*Still-Born Goettner*  
Town County  
Died at *Fallerton* *Balto*  
Month Day Years Months Days  
Date of death *1909 July 13* Age *—*  
Sex *Female* Color or Race *White* Birth-place *Fallerton*  
Occupation *—* Where Residing if not at place of death *—*  
Married, Single or Widowed *—* Name of Wife or Husband *—*  
Father's Name *Frank Goettner* Father's Birthplace *—*  
Mother's Maiden Name *—* Mother's Birthplace *—*  
Name of person giving Information *Frank Goettner* How related to deceased *Father*

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

How long

How long

Signature of Physician

Address

Ernest Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Leatonsville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>9 July</i>	Day <i>24</i>	Age <i>61</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Laborer</i>				Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <input checked="" type="checkbox"/>					
Father's Name <i>unk.</i>				Father's Birthplace <i>unk.</i>			
Mother's Maiden Name <i>unk.</i>				Mother's Birthplace <i>unk.</i>			
Name of person giving information <i>—</i>				How related to deceased <i>—</i>			

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary	<i>Terminal Dementia</i>	How long <i>10 yrs</i>
Immediate	<i>acute Dysentery</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Grey Wade</i>
<input checked="" type="checkbox"/> No		Address <i>Leatonsville, Md</i>
Accident or Suicide? <i>No</i>		





Name  
in  
Full

Robert James Griffin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Seabrook <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 190 9 <sup>Month</sup> July <sup>Day</sup> 14 Age 77 <sup>Years</sup> 6 <sup>Months</sup> 5 <sup>Days</sup>

Sex male Color or Race White Birth-place V<sup>3</sup>

Occupation Carpenter Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Griffin

Father's Name John W. Griffin Father's Birthplace Virginia

Mother's Maiden Name Julia W. Griffin Mother's Birthplace —

Name of person giving Information Alvin Griffin How related to deceased Son

## CAUSES OF DEATH

Primary Arteriosclerosis (Senile) <sup>How long</sup> Probably 10 yrs

Immediate Cerebral Hemorrhage <sup>How long</sup> 1 week

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

Wm. R. Eareckson


Address

Elk Ridge, Md.PHYSICIAN  
OR CORONER

Accident or Suicide

Dr Emerson  
with Oliver

William J. G. Fisher

Name in Full		Catherine <del>Good</del> <sup>Halbert</sup> Board.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <u>Perry Hall</u>		County <u>Baltimore</u>		MARYLAND
	Date of death		1907	Month <u>July</u>	Day <u>17<sup>th</sup></u>	Age <u>54</u>	Months <u>5</u> Days <u>24</u>
	Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Balt. Co.</u>		
	Occupation <u>Housewife</u>		Where Residing if not at place of death				
	Married, Single or Widowed <u>Married</u>		Name of <del>Wife</del> <sup>Husband</sup> <u>John C. Halbert</u>				
	Father's Name <u>Benjamin Board</u>		Father's Birthplace <u>Balt. Co.</u>				
	Mother's Maiden Name <u>M<sup>ary</sup> Elizabeth Forward</u>		Mother's Birthplace <u>Balt. Co.</u>				
	Name of person giving information <u>Thos. Board</u>		How related to deceased <u>Brother</u>				
CAUSES OF DEATH							(104) ✓
PHYSICIAN OR CORONER	Primary		<u>Acute Indigestion</u>			How long	
	Immediate		<u>Gastric &amp; Intestinal Inflammation</u>			How long <u>2 weeks</u>	
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		Signature of Physician <u>W. J. Harrison</u>		
					Address <u>Loch Raven</u>		
<div style="display: flex; justify-content: space-between;"> <div>  </div> <div>           Accident or Suicide? <span style="float: right;">14</span> </div> </div>							

37 Lassahn Lane

Camp Chapel  
Berkeley

Name in Full		Richard Staley				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	16 N. Clinton St		Baltimore		MARYLAND		
	Date of death	1909	July	1	Age	17	Months	Days
	Sex	Male		Color or Race	White		Birth-place	Tennessee
	Occupation	Clock		Where Residing if not at place of death		Same		
	Married, Single or Widowed	Single		Name of Wife or Husband		None		
	Father's Name	Henry D. Staley				Father's Birthplace	Tenn.	
	Mother's Maiden Name	Nora Branch				Mother's Birthplace	Iowa	
Name of person giving information	Henry D. Staley				How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Suicide by pistol				How long	159	
	Immediate	Shot				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
					Address			
Accident or Suicide?								

on Clinton Canton Ave  
McClanahan

---

London Park  
Saturday 2 P.M.  
July 3

Undertaker

Josiah Syfer-

Name  
in Full

CERTIFICATE OF DEATH  
MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Still born infant of John and William Hall,  
Died at Orangeville Town Baltimore County  
Date of death 1909 July Month 30 Day Age        Years        Months        Days  
Sex Male Color or Race White Birth place Orangeville  
Occupation        Where Reeding if not et piece of death       

Merried, Single or Widowed        Name of Wife or Husband         
Father's Name John J. Hall Father's Birthplace Balto, Co.  
Mother's Maiden Name William Meyer Mother's Birthplace " "  
Name of person giving Information John J. Hall How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Still born infant 8 How long         
Immediate        How long         
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician A. S. Wagoner  
Address 3204 Highland  
Accident or Suicide

Stemmed Run Cemetery

J. Henry & Son

7/30/09



Name  
in  
Full

## CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William Skipwith Hull</i>		Town <i>Relay</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Relay</i>		Month <i>July</i>		Day <i>13</i>		Age <i>87</i>	
Date of death <i>1909</i>		Months <i>4</i>		Days <i>4</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore, Md</i>			
Occupation <i>Cashier</i>				Where Residing if not at place of death <i>Relay</i>			
Married, <del>Single</del> or Widowed		Name of Wife or Husband <i>Caroline R. Hull</i>					
Father's Name <i>Thomas Jackson Hull</i>				Father's Birthplace <i>Chestertown, Md</i>			
Mother's Maiden Name <i>Harriet Ford</i>				Mother's Birthplace <i>Harford Co. "</i>			
Name of person giving information <i>Mrs. Calvin F. Troupe</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

66 ✓

PHYSICIAN  
OR CORONER

Primary <i>Senile Arteriosclerosis</i>		How long <i>2 1/2 days</i>	
Immediate <i>Hemiplegia</i>		How long <i>2 1/2 "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm R. Eanekson</i>	
Address 		<i>Eek Ridge, Md</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full~~Hall~~, Welloughby, Newton Hall

## CERTIFICATE OF DEATH

Died at Towson (Towson) Baltimore County MARYLAND

Date of death 1909 July 14 Age 62 Months Days

Sex Male Color or Race White Birth-place Virginia

Occupation Book-keeper Where Residing if not at place of death 303 W. Calvale St.,

Married, Single or Widowed Married Name of Wife or Husband Helen N. Boyle

Father's Name Jacobus Hall Father's Birthplace Unknown

Mother's Maiden Name Fannie O. Bridgewater Mother's Birthplace Unknown

Name of person giving Information Mrs. W. N. Hall How related to deceased Wife

## CAUSES OF DEATH

Primary Pulmonary Tuberculosis; Chr. Nephritis; Arterio-Sclerosis How long Several years

Immediate Collapse, Exhaustion. How long Several weeks

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician J. B. Burgess Cornell

Address Towson, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Place of burial London Park.

Henry W. Jenkins & Sons Co

McCulloch & Orchard Sts.

Name  
in  
Full

## CERTIFICATE OF DEATH

*Marguerite Hancock*  
 Died at *Arlington* Town *Baltimore* County  
 MARYLAND

Date of death *1909* Month *7* Day *25* Age *19* Years Months *10* Days *18*  
 Sex *Female* Color or Race *White* Birth-place *Maryland*  
 Occupation *None* Where Residing if not at place of death *—*

~~Married, Single~~ or ~~Widowed~~ Name of Wife or Husband *—*  
 Father's Name *Albert Hancock* Father's Birthplace *Maryland*  
 Mother's Maiden Name *Mary Peatloff* Mother's Birthplace *Maryland*  
 Name of person giving information *Mary Hancock* How related to deceased *Sister*

## CAUSES OF DEATH

27 ✓

Primary *Tuberculosis* How long *one year*  
 Immediate *Diarrhoea* How long *one week*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R. T. Hardesty*  
 Address *Sta. E. City.*  
 Accident or Suicide? *—*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Druid Ridge  
Jos B Cook.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Years	Months	Days	
Sex		Color or Race		Birthplace			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	Cardiac Syncope	How long	79
Immediate		How long	Coronary
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
		Address	
		3356 E. Ballast	
Accident or Suicide			

Wt. Canal Cemetery

July. 8<sup>th</sup> / 1909

A. J. Jander & Son.

---



Name  
in  
Full

Mabel Hennighausen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Gorans</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	190 <u>9</u> Month	<u>July</u> Day	<u>30</u> Age	<u>—</u> Years	<u>—</u> Months
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Occupation	<u>None</u>		Birth-place	<u>Gorans</u>	
Married, Single or Widowed <u>Single</u>			Where Residing if not at place of death <u>—</u>		
Father's Name <u>L Kemp Hennighausen</u>			Father's Birthplace <u>Baltimore</u>		
Mother's Maiden Name <u>Kate Hennighausen</u>			Mother's Birthplace <u>Baltimore</u>		
Name of person giving Information <u>W. F. Kemp</u>			How related to deceased <u>no relative</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Umbilical cord around neck</u>	How long	<u>—</u>
Immediate	<u>Inability to establish respiration</u>	How long	<u>effort continued 1/2 hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W F A Kemp</u>	
Address <u>no</u>		Address <u>8 W 25th St</u>	
Accident or Suicide <u>accidental?</u>		<u>Baltimore City Md.</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Westport</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month <i>9</i>	Day <i>7</i>	Age <i>58</i>	Years <i>58</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Phila. Pa</i>			
Occupation <i>Fruit Importer</i>				Where Residing if not at place of death <i>628 Oak Ave. Waverly</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving Information <i>Joseph Henry Jr.</i>				How related to deceased <i>Son</i>			
CAUSES OF DEATH							

64

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>Immediate</i>
Immediate	<i>yes</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>August W. Miller, Coroner</i>	
		Address <i>111 W. Union Balto Co. Md.</i>	
Accident or Suicide			

Nicholas S. Fink  
London Park.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Henry Hirt*

Town *Balto* County *Md*

Died at *4 district*

Date of death *1904* Month *July* Day *2* Age *about 3* Years *20* Months *20* Days

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Painter* Where Residing if not at place of death *Balto Md*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John Hirt* Father's Birthplace *Germany*

Mother's Maiden Name *Kate Hirt Reifer* Mother's Birthplace *Germany*

Name of person giving information *Wm E Schaefer* How related to deceased *Brother-in-law*

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *One week*

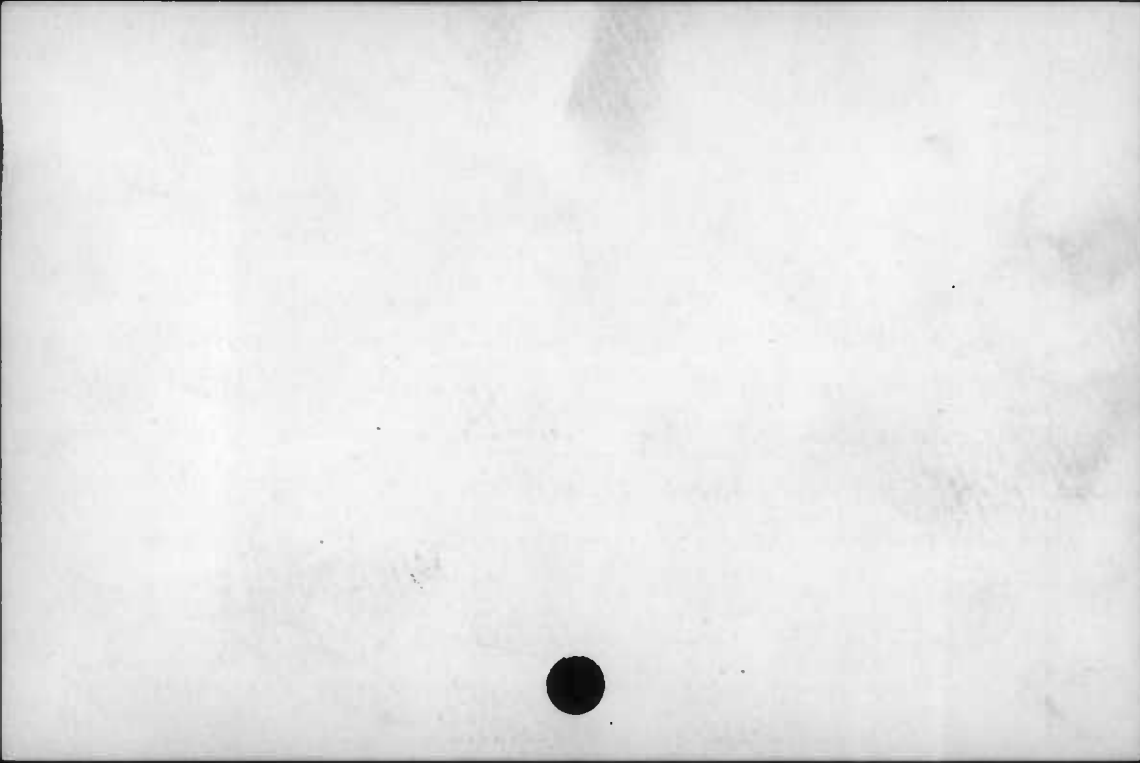
Immediate *Pneumonia* How long *One week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo Hume*

Address *New Freedom Pa*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ethel Pearl Hodges</i>		Town <i>Highlandtown</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Died at <i>Highlandtown</i>		Month <i>7</i>		Day <i>17</i>		Age <i>8</i>	
Date of death <i>1909</i>		Month <i>7</i>		Day <i>17</i>		Age <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward W. Hodges</i>		Father's Birthplace <i>Balto.</i>					
Mother's Maiden Name <i>Martha Cornelius</i>		Mother's Birthplace <i>Balto.</i>					
Name of person giving Information <i>Edw. W. Hodges</i>		How related to deceased <i>Father</i>					

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

105

Primary <i>Gastro-enteritis</i>	How long <i>2 Weeks</i>
Immediate <i>Convulsions</i>	How long <i>1 Hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>8</i>	Signature of Physician <i>J. S. Sudbrook</i>
	Address <i>#337 E. Calver</i>
Accident or Suicide <i>8</i>	

St. Mary's cemetery.

Woodbury,

July 18<sup>th</sup> 1909

Geo. A. Moran  
Undertaker



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Fredia Halliday*

Town *Lutherville* County *Baltimore* MARYLAND

Died at *Lutherville*

Date of death 1909 July 17 Age *One* Year *Eight* Months *Two* Days

Sex *Female* Color or Race *Black* Birth place *Lutherville*

Occupation *None* Where Residing if not at place of death *Lutherville*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Charles Halliday* Father's Birthplace *Cockey's Creek*

Mother's Maiden Name *Ida Diggs* Mother's Birthplace *Balto. Co. Md*

Name of person giving Information *Charles Halliday* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Whooping Cough* How long *Two weeks*

Immediate *Exhaustion* How long *Three days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm L Smith*

Address *Rider*

Accident or Suicide *no* *U.S.*

John Burussous  
Sons on

Burial at  
Quaker Bottoms Cems  
Cockeysville  
Balt. Co

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Elizabeth Hunt.

Town

County

MARYLAND

Died at

Texas

Baltimore

Date

of death

1909 July

Month

Day

15

Age

Years

91

Months

Days

Unknown

Sex

Female

Color or  
Race

White

Birth-  
place

Ind.

Occupation

None

Where Residing if not  
at place of death

Baltimore Co. Alameda

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Regester Co. Alameda

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Senility Dysentery -  
Exhaustion

How long

2 days

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Wilmer C. Egan M.D.

Address

Cockeysville Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

No.

John Burrows  
Tolson

Klemmayer

Comm.  
Ballou Co.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Huth</i>		Town <i>Highland Town</i>		County <i>Balls</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>1909</i>		<i>July 27</i>		<i>67</i>		<i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>614 S. Cleverly St.</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Jacob Huth</i>					
Father's Name <i>Mr. Deumer</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Wm. Krumm</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Mrs. Catherine Huth</i>		How related to deceased <i>daughter</i>					

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary <i>Sarcoma (kidney-right)</i>		How long <i>6 mos. 27 days</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John H. Rehberger</i>	
Address <i>#1709 Aliceanna St.</i>			
Accident or Suicide? <i>8</i>			

Henry Wood New

His Redeemed Country

July 30/09.

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Name  
in  
Full

Ruby S. James

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hamblin</i>		County <i>Balto.</i>		MARYLAND	
Date of death	1909	Month	July	Day	31	Age	Years
Sex		female		Color or Race		white	
Occupation				Birth-place		Maryland	
Where Residing if not at place of death				at place of death			
Married, Single or Widowed		-		Name of Wife or Husband			
Father's Name		James M. James		Father's Birthplace		England	
Mother's Maiden Name		Arveta Strine		Mother's Birthplace		Maryland	
Name of person giving information		Mother		How related to deceased		Mother	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 days</i>
Immediate	<i>Cholera Infantum</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Henry C. Long</i>	
Address		<i>Hamblin</i>	
Accident or Suicide?		no	

Int. Greenmont County

Aug. 2



Name  
in  
Full

Jennie Jamut

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

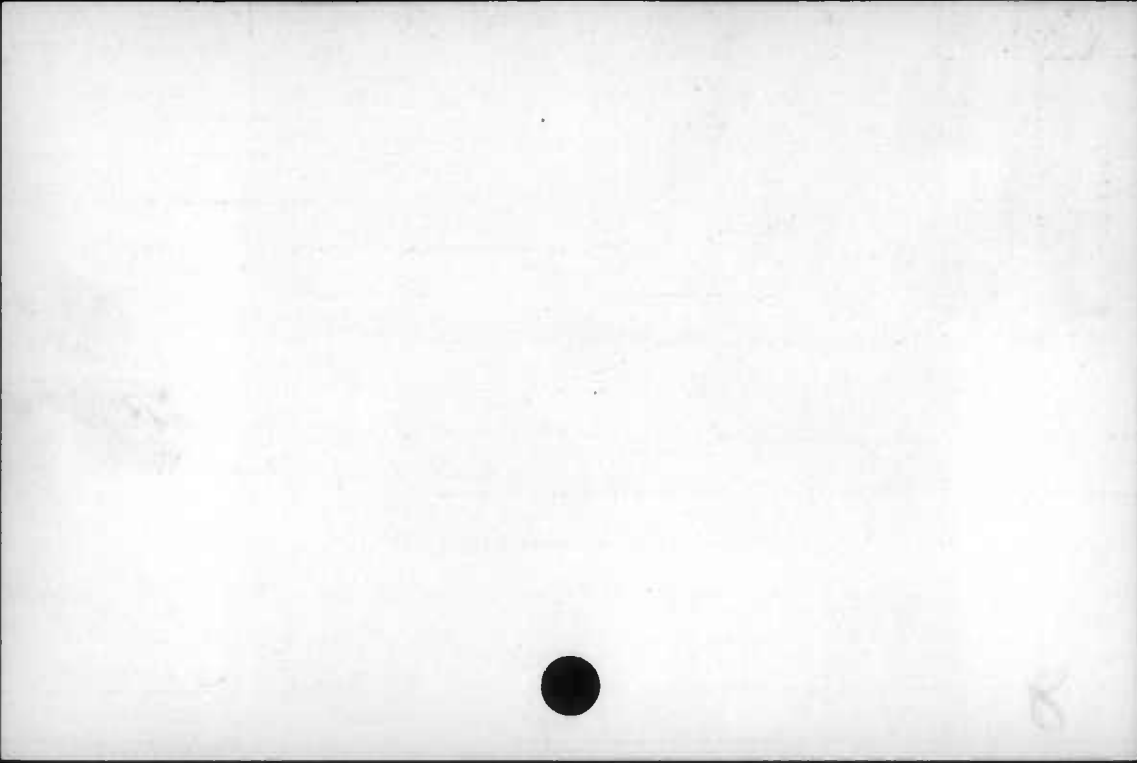
Died at		Town <i>Mt. Vernon</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month	July	Day	7	Age	<del>years</del> 6—
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Baltimore</i>
Occupation	<i>Infant</i>			Where Residing if not at place of death			
Married, Single or Widowed	_____			Name of Wife or Husband _____			
Father's Name	<i>Joseph Jamut</i>				Father's Birthplace	<i>Not known</i>	
Mother's Maiden Name	<i>Not known</i>				Mother's Birthplace	<i>Not known</i>	
Name of person giving information	<i>Mrs. Jamut</i>				How related to deceased	<i>Daughter</i>	

## CAUSES OF DEATH

143

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i>	How long	<i>3 wks</i>
Immediate	<i>Tuberculosis</i>	How long	<i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above?	—		
Signature of Physician	<i>John Lane Jr M.D.</i>		
Address	<i>1111 W. 1st St.</i>		
Accident or Suicide?	—		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Andrew Johnson</i>		Town <i>Brooksville</i>		County <i>Balto</i>		State <i>MARYLAND</i>	
Died at		Month <i>July</i>		Day <i>1</i>		Years <i>33</i>	
Date of death <i>1909</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Norway</i>			
Occupation <i>Lubricator</i>		Where Residing if not at place of death <i>Average</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth B. Johnson</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Elizabeth B. Goff</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Elizabeth B. Johnson</i>		How related to deceased <i>Wife</i>					

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary	<i>Leaving of blood</i>	<i>160</i>	How long
Immediate	<i>Atrophy of lungs</i>	<i>160</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Dwyer, M.D.</i>	
		Address <i>3326 1st Balto St</i>	
Accident or Suicide			

St Paul cemetery  
Hervig & son  
July 4/09

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Harrison Jones  
Town Mr. Wilson

County

Baltimore

MARYLAND

Date

of death 1909

Month

July

Day

17

Age

Years

—

Months

6

Days

—

Sex

MaleColor or  
RaceBlackBirth-  
placeBaltimore

Occupation

InfantWhere Residing if not  
at place of deathMarried, Single  
or Widowed—Name of Wife or  
Husband—Father's  
NameNot KnownFather's  
BirthplaceNot KnownMother's  
Maiden NameSenita JonesMother's  
Birthplace" "Name of person giving  
informationSenita JonesHow related  
to deceasedNiece

## CAUSES OF DEATH

1052PHYSICIAN  
OR CORONER

Primary

Gastro-intestinal intoxication, fatal

How long

14 days

Immediate

" "

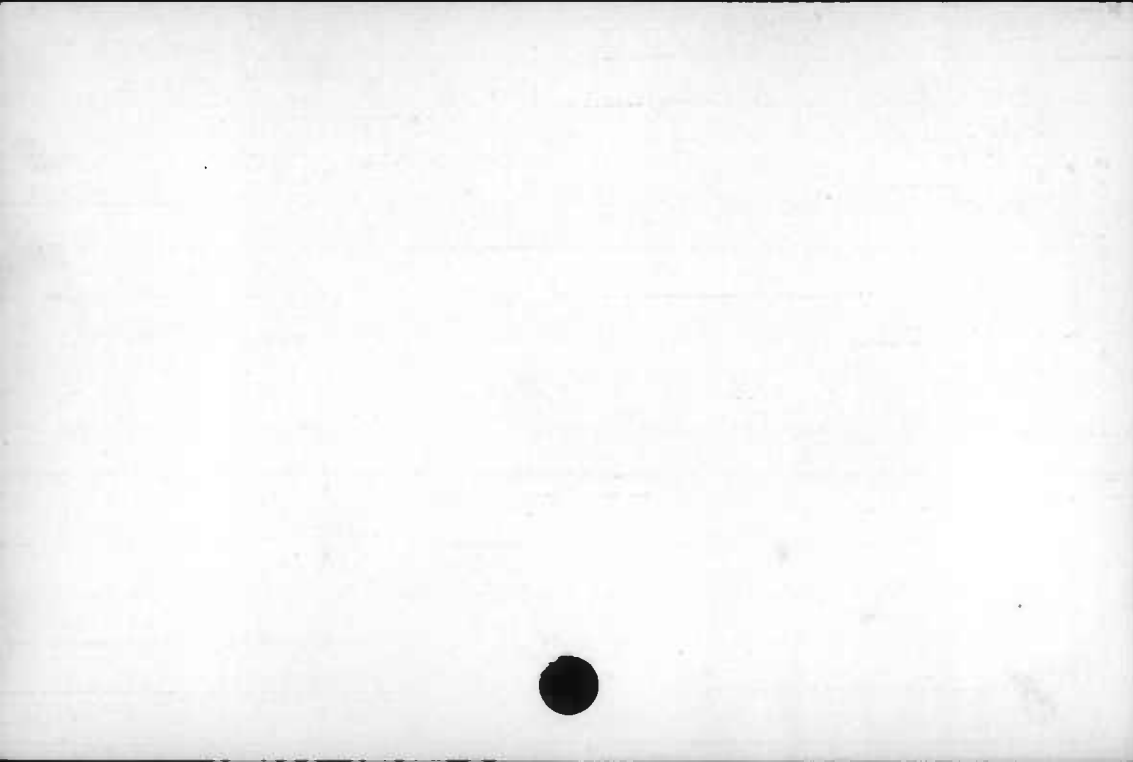
How long

—Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

John L. Jones, M.D.  
211 Wilson Rd.

Accident or Suicide?



Name  
in  
Full

Agnes. Kehoe.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Grovers.				Baltimore			
Date of death	Month	Day	Age	Years	Months	Days	
1909	July	12.			10	17.	
Sex	Female.		Color or Race	white		Birth-place	Grovers. Md.
Occupation	Infant.		Where Residing if not at place of death		Grovers - Md.		
Married, Single or Widowed	Infant.		Name of Wife or Husband		Infant -		
Father's Name	Michael P. Kehoe.				Father's Birthplace	Ireland.	
Mother's Melden Name	Catherine Byrne				Mother's Birthplace	Ireland.	
Name of person giving Information	Michael P. Kehoe.				How related to deceased	Father	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Illco-Colitis	How long	one week
Immediate	Exhaustion	How long	one day.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		H.C. Hens, Md.	
Address		Grovers. Md.	
Accident or Suicide		neither	

Martin Foley & Sons  
St Mary's Cemetery  
Bovans



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Un named - Keithley

Town Lorley County Balto. **MARYLAND**

Died at Lorley

Date of death 1909 Month July Day 24 Age — Years — Months — Days Still born

Sex Female Color or Race white Birth-place Lorley

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name George Keithley Father's Birthplace Howard Co. Md.

Mother's Maiden Name Aley George Mother's Birthplace Acil Co. Md.

Name of person giving Information Eys. Keithley How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

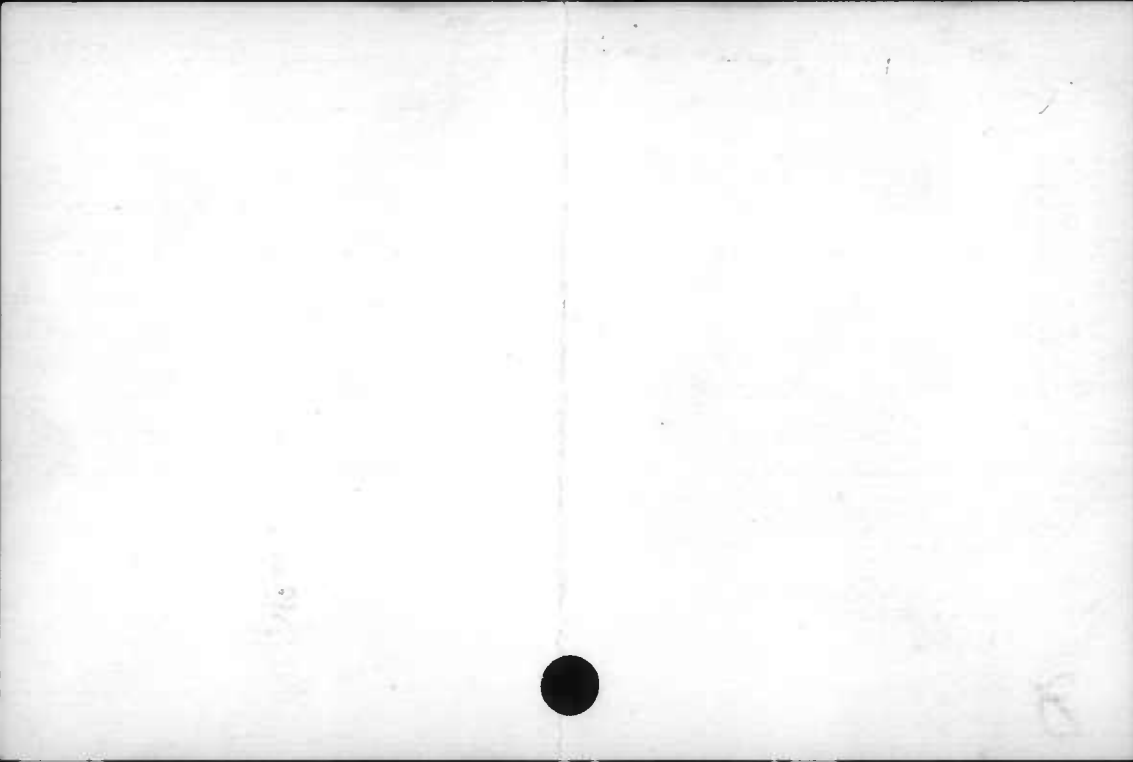
Primary Still Born How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Chas H. Krite

Address Aberdeen. Md.

Accident or Suicide —



Name  
in  
Full

George Kellner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town North Pt. Road		County Baltimore		MARYLAND	
Date of death		1909	Month July	Day 29	Age —	Years 5	Months 8
Sex Male		Color or Race white		Birth- place md.			
Occupation none				Where Residing if not at place of death North Point & Eastern Ave. Bk.			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name George Kellner		Father's Birthplace md.					
Mother's Maiden Name Elsie Goetz		Mother's Birthplace md.					
Name of person giving information George Kellner		How related to deceased Father					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Enterio - Colitis as Themia	How long 2 weeks
Immediate		How long —
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. J. McAnany M.D.
		Address 839 S. Canton St.
Accident or Suicide?		

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Chas. W. Foutz  
— Undertaker. —

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Sacred Heart  
Cemetery —

July 30<sup>th</sup> /  
2 P. M. /

---

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Matilda Kelly</i>		Town <i>Granite</i>		County <i>Balto</i>		State <b>MARYLAND</b>	
Died at <i>Granite</i>		Month <i>July</i>		Day <i>31</i>		Years <i>2</i>	
Date of death <i>1907</i>		Age <i>2</i>		Months <i>10</i>		Days <i>8</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Balto</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>Granite</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>Rebecca Kelly</i>		Mother's Birthplace <i>Granite</i>					
Name of person giving Information <i>Melvin Laimes</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid</i>	How long	<i>8 days</i>
Immediate	<i>Peritestinal perforation</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm. D. Buppert</i>
Address	<i>Balto</i>	Address	<i>Balto</i>
Accident or Suicide	<i>-</i>		



Name in Full		Rosie Hotwald				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Back River		County Balto		MARYLAND
	Date of death	1909	Month	7	Day	9	Age
					Years	—	Months
					Days	11	
	Sex	Female		Color or Race	White		Birth-place
	Occupation		—		Where Residing if not at place of death		
Married, Single or Widowed		—		Name of Wife or Husband			
Father's Name		Frank Howard				Father's Birthplace	
Mother's Maiden Name		Rosie Dietrich				Mother's Birthplace	
Name of person giving information		Rosie Hotwald				How related to deceased	
						Mother	
		CAUSES OF DEATH				(105)	
PHYSICIAN OR CORONER	Primary	Gastro - Enteritis				How long	4 days
	Immediate	Cerebral Hemorrhage				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
Accident or Suicide?		No		2008 O. Howard Ave			

Oak Hill Cemetery  
Frank Grach & Son  
7/10/09



Name  
in  
Full

## CERTIFICATE OF DEATH

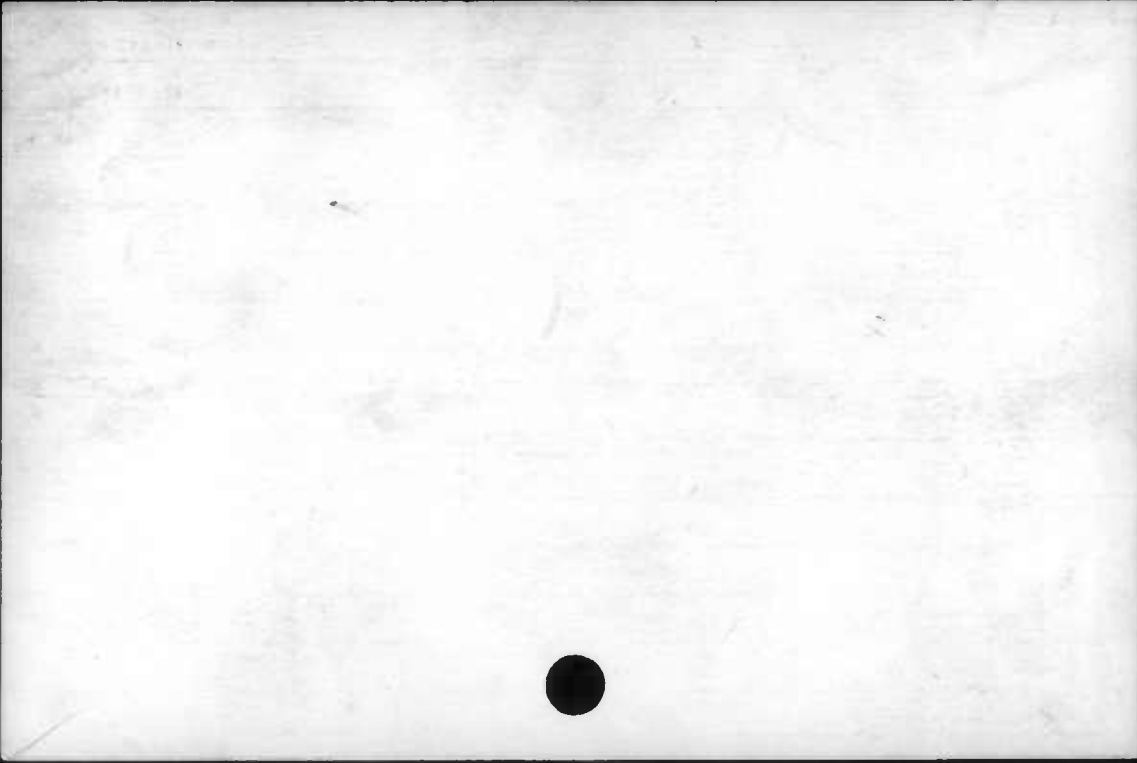
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary M. Hoole</i>		Town <i>Maryland Line</i>		County <i>Balto</i>		State <b>MARYLAND</b>	
Died at <i>Maryland Line</i>		Month <i>July</i>		Day <i>23</i>		Years <i>77</i>	
Date of death <i>1909</i>		Month <i>July</i>		Day <i>23</i>		Years <i>77</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>		Months <i>2</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>		Birthplace <i>Maryland</i>		Days <i>23</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Daniel Hoole</i>		Father's Name <i>Jesse Miller</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Sarah Miller</i>		Name of person giving Information <i>Mathew Hendrix</i>		Mother's Birthplace <i>" "</i>		How related to deceased <i>Daughter</i>	

## CAUSES OF DEATH

Primary <i>old age</i>	How long <i>Years</i>
Immediate <i>Cerebral softening</i>	How long <i>7/2/09 -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Gerry</i>
	Address <i>Shorebury</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Martha A. Krummel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

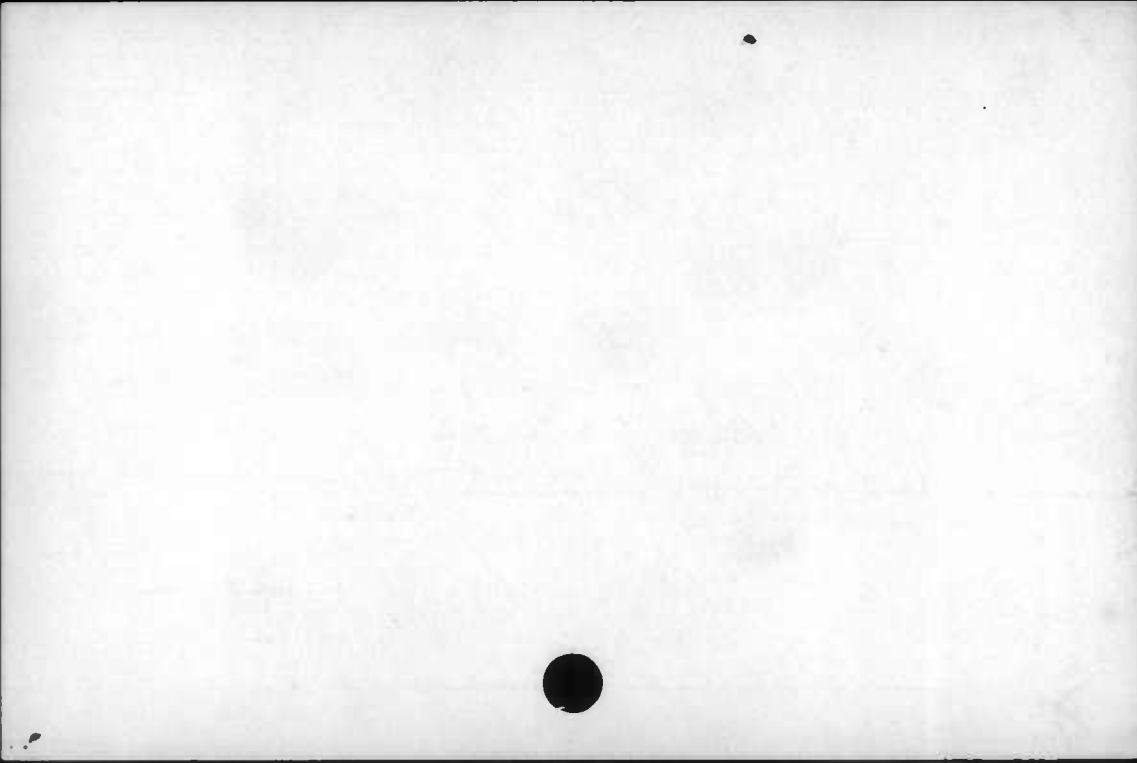
Died at <sup>Town</sup> <i>Auring Mills</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>9</i>	<sup>Month</sup> <i>July</i>	<sup>Day</sup> <i>8<sup>th</sup></i>	Age <sup>Years</sup> <i>10</i>	<sup>Months</sup> <i>9</i>	<sup>Days</sup> <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Correll Co</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>School Girl</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>John A. Krummel</i>			Father's Birthplace <i>Correll Co.</i>		
Mother's Maiden Name <i>Kemmel Mumment</i>			Mother's Birthplace <i>York, Pa</i>		
Name of person giving information <i>John A. Krummel</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

78

PHYSICIAN  
OR CORONER

Primary <i>Endocarditis</i>	How long <i>4 weeks</i>
Immediate <i>Pulmonary Oedema</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank W. Keating M.D.</i>
	Address <i>Auring Mills</i>
Accident or Suicide? <i>Neither</i>	<i>Maryland</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

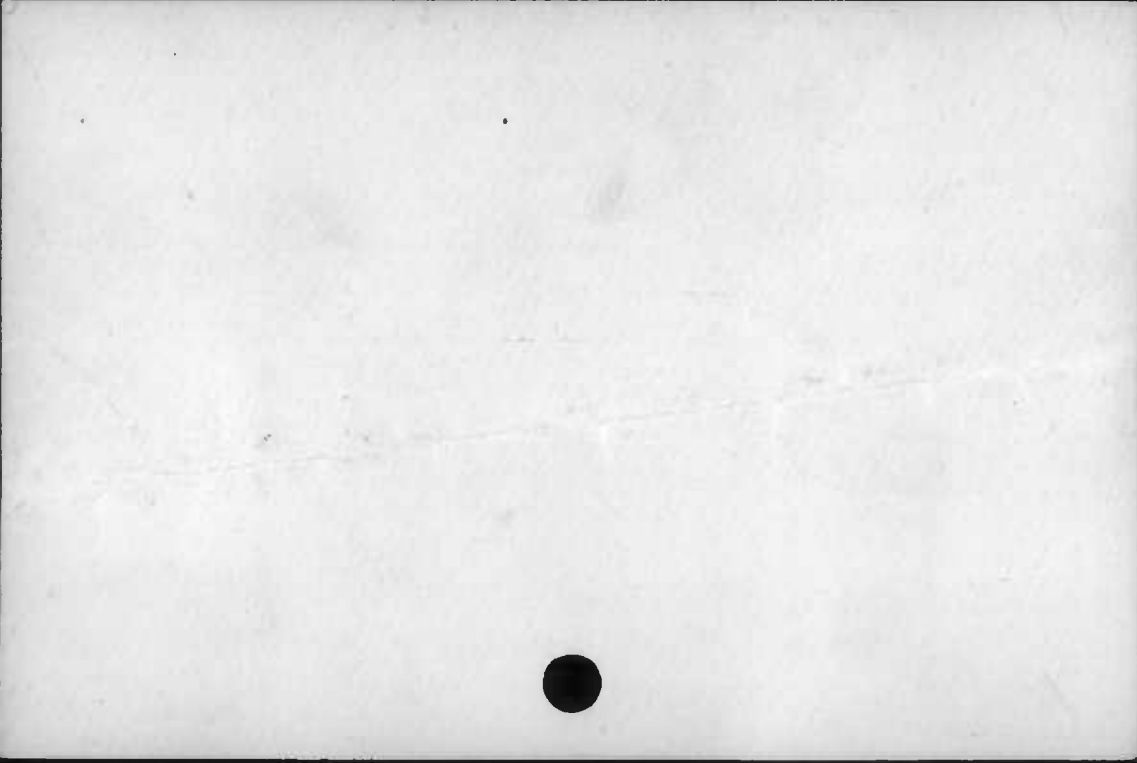
Died at		Town <i>Ind Line</i>		County <i>Balto</i>	
Date of death	1909	Month <i>July</i>	Day <i>22</i>	Age Years <i>59</i>	Months <i>11</i> Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Chester Co. Pa</i>		
Occupation <i>House-keeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Sevi Kurtz</i>				
Father's Name <i>Wm Fulton</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Emily Ind Blue</i>	Mother's Birthplace <i>"</i>				
Name of person giving In formation <i>Sevi Kurtz</i>	How related to deceased <i>Son.</i>				

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Endocarditis. Arteriosclerosis</i>	How long <i>Years</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>Since June 18, 1909</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Gerry</i>
	Address <i>Shrewsbury Pa</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Goravus* Town *Dulles* County

Date of death 1904 July 24 Age 62

Months — Days —

Sex *female* Color or Race *White* Birth-place *Md*Occupation *none* Where Residing if not at place of death *Goravus*Married, Single or Widowed *widow* Name of Wife or Husband *not known*Father's Name *not known* Father's Birthplace *not known*Mother's Maiden Name *not known* Mother's Birthplace *not known*Name of person giving Information *Mrs D K Carter* How related to deceased *not known*

## CAUSES OF DEATH

154

Primary *Senility* How long *one yr*Immediate *Exhaustion* How long *one yr.*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W.S. Carver M.D.*Address *2425  
Baltimore A*Accident or Suicide *no*

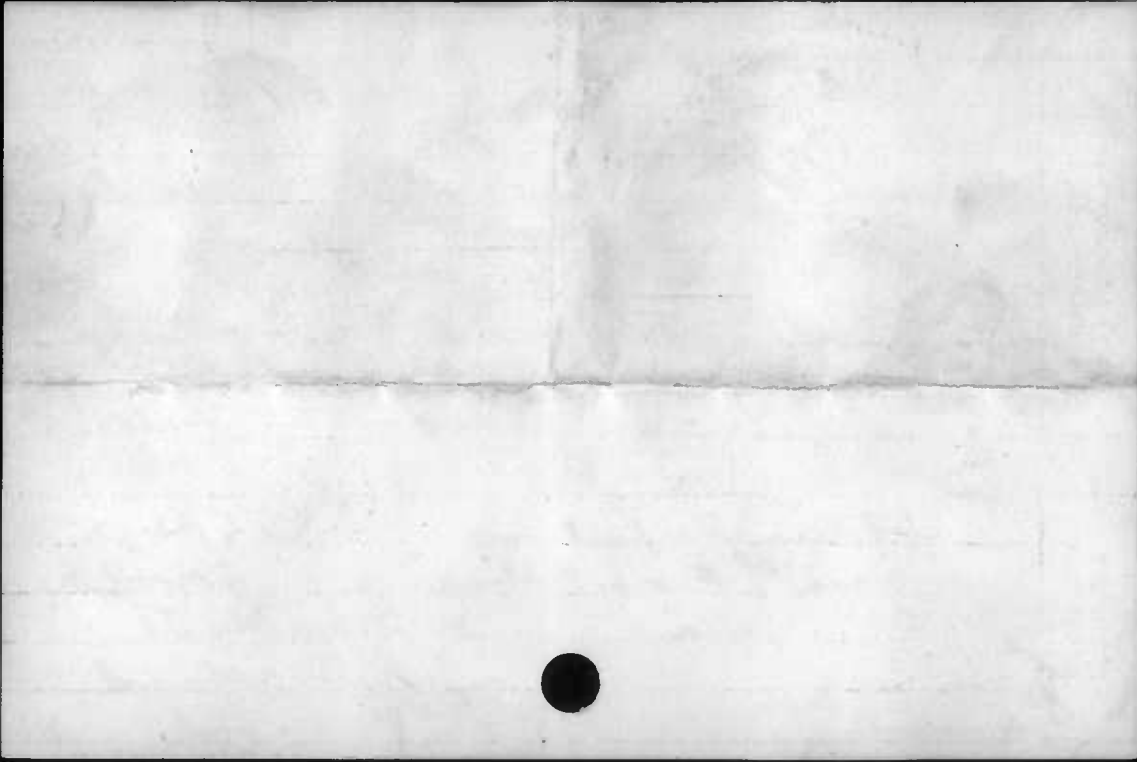
Cumberland. Md.

July. 25/909

Wm Cook  
502 E. Martha St.



Name in Full		Leonard B. Lancaster				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Glenarm</i>		Town <i>Balto</i>		County		MARYLAND
	Date of death <i>1909 July 16</i>		Age <i>16</i>		Years		
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <i>Charles L. Lancaster</i>		Father's Birthplace <i>Maryland</i>				
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Emma Bowen</i>		Mother's Birthplace <i>"</i>				
	Name of person giving information <i>L. B. Lancaster</i>		How related to deceased <i>Father</i>				
	CAUSES OF DEATH						
	105						
PHYSICIAN OR CORONER	Primary <i>Cholera Infantum</i>		How long <i>Three days</i>				
	Immediate <i>"</i>		How long <i>"</i>				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John S. Green</i>				
			Address <i>Setting Rd.</i>				
Accident or Suicide?							



*Lucy Ruthetta Lawson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>New Freedom</i> Town		<i>Ballo</i> County	
Date of death <i>1909</i>	Month <i>7</i>	Day <i>17</i>	Age <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Freeland Md</i>	Months <i>5</i> Days <i>14</i>
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>G. Franklin Lawson</i>		Father's Birthplace <i>Alisia Ind</i>	
Mother's Maiden Name <i>Annie B Hoover</i>		Mother's Birthplace <i>Hoffmanville</i>	
Name of person giving information <i>G. Franklin Lawson</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

**105**

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>6 days</i>
Immediate <i>Coma &amp; Heart Failure</i>	How long <i>3 or 4 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. D. H. Best</i>
	Address <i>Hampstead Md</i>
Accident or Suicide? <i>?</i>	



Name  
in  
Full

Rovene Ethel Ledley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Relay</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>July</i>		Day <i>10</i>		Age <i>25</i>		Years <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Sharpsville, Pa</i>		Months		Days <i>15</i>	
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>Brooklyn, N.Y.</i>					
Married, <del>Single</del> <i>or Widowed</i>				Name of Wife or Husband <i>Chas. W. Ledley</i>					
Father's Name <i>Ross F. Gaither</i>				Father's Birthplace <i>Pennsylvania</i>					
Mother's Maiden Name <i>Priscilla A. Titer</i>				Mother's Birthplace <i>Pennsylvania</i>					
Names of person giving Information <i>Miss Ida Gaither</i>				How related to deceased <i>Aunt</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary &amp; Intestinal Tuberculosis</i>		How long <i>one year</i>	
Immediate <i>inanition &amp; Exhaustion</i>		How long <i>6 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm R. Eareckson</i>	
<i>X</i>		Address <i>Eek Ridge, Md.</i>	
Accident or Suicide <i>_____</i>			

Int Oliver.

Joe B. Cook  
Undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

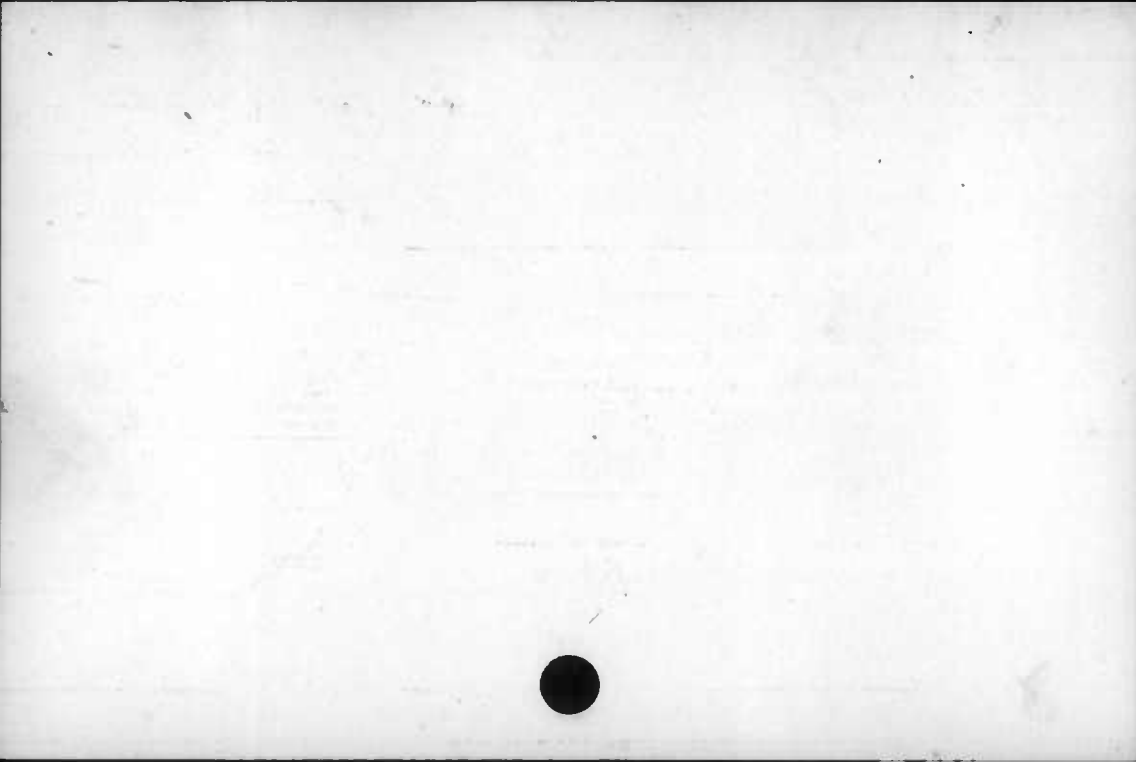
Died at <i>Mr. Wilson</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month	July	Day	7	Age	Years <i>4</i> Months <i>4</i> Days <i>—</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Baltimore</i>
Occupation	<i>Student</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>—</i>			Name of Wife or Husband <i>—</i>			
Father's Name	<i>Benjamin Sehardt</i>					Father's Birthplace	<i>Not known</i>
Mother's Maiden Name	<i>Not known</i>					Mother's Birthplace	<i>Not known</i>
Name of person giving information	<i>Mother</i>					How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>2 mo. v.</i>
Immediate	<i>Dyspeptic diarrhoea</i>	How long	<i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above?	<i>—</i>	Signature of Physician	<i>John K. Jones M.D.</i>
		Address	<i>211 W. 11th St. Balt.</i>
Accident or Suicide?	<i>—</i>		





Name  
in  
Full

James W. Lewis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

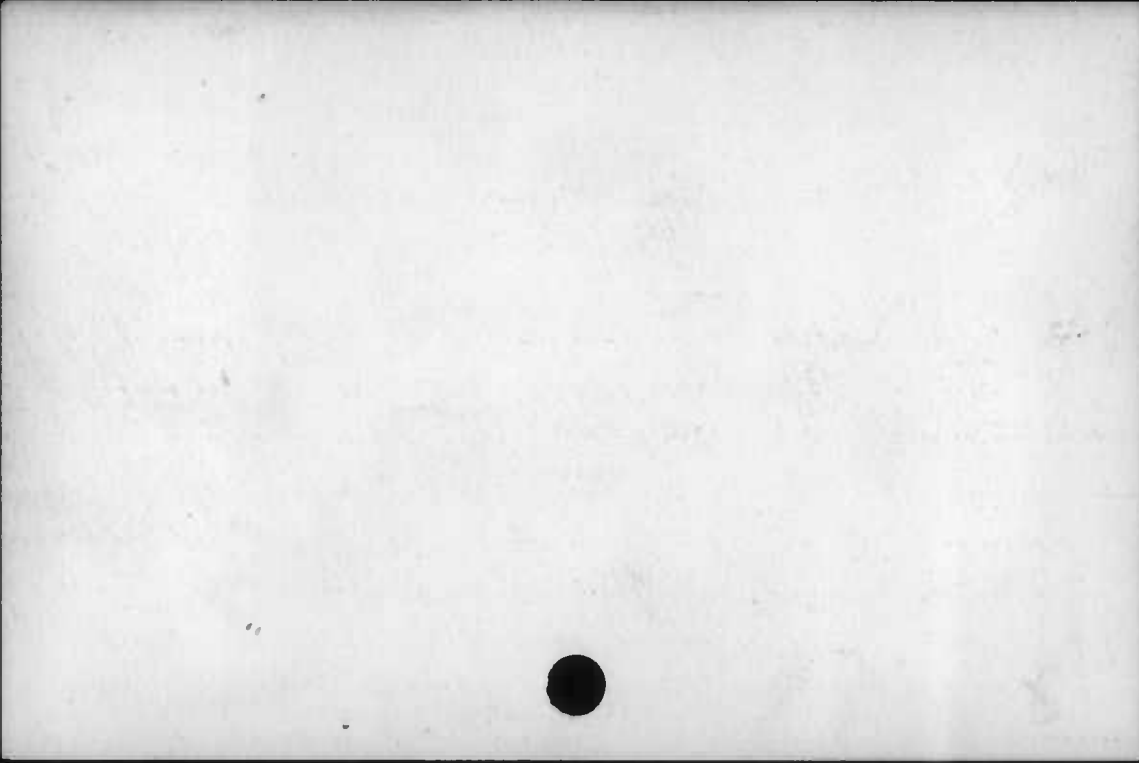
Died at <u>Baylor Heights</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>27</u> <small>Day</small>	Age <u>36</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Va.</u>			
Occupation <u>Builder</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Lena Lewis</u>				
Father's Name <u>Ed. Lewis</u>	Father's Birthplace <u>Va.</u>				
Mother's Maiden Name <u>Marie L. Pratt</u>	Mother's Birthplace <u>Va.</u>				
Name of person giving information <u>Lena Lewis</u>	How related to deceased <u>Wife</u>				

## CAUSES OF DEATH

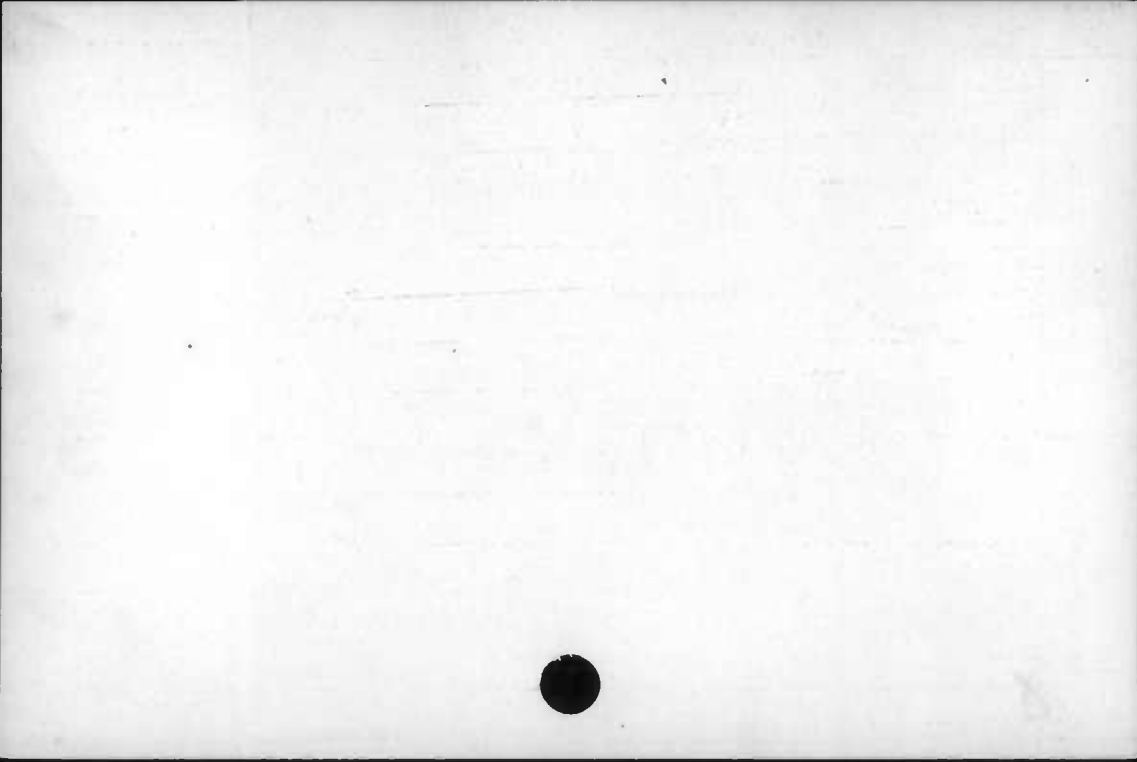
27

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>3 Mos.</u>
Immediate <u>Cardiac Exhaustion</u>	How long <u>3 weeks.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. F. A. Slantz</u>
<u>J</u>	Address <u>3241 Eastern Ave.</u>
Accident or Suicide? <u>—</u>	



Name in Full <b>Preston McCoy</b>		Town <b>W. Palmer</b>		County <b>Baltimore</b>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month <b>July</b>		Day <b>13</b>		Years <b>—</b>		Months <b>10</b>	
Sex <b>Male</b>		Color or Race <b>Black</b>		Birth-place <b>Baltimore</b>		Days <b>—</b>	
Occupation <b>Infant</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Mr Kurn</b>		Father's Birthplace <b>Mr Kurn</b>					
Mother's Maiden Name <b>Mr Kurn</b>		Mother's Birthplace <b>" "</b>					
Name of person giving information <b>Effie Johnson</b>		How related to deceased <b>Friend</b>		<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">27</div>			
		CAUSES OF DEATH					
Primary <b>Tuberculosis, Malnutrition</b>		How long <b>4 mos</b>					
Immediate <b>"</b>		How long <b>" "</b>					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>John Kunk Jr M.D.</b>		Address <b>W. Palmer, Md.</b>			
Accident or Suicide?							



Name  
in  
Full

Goldie Aurora M. Guinness

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Dickeyville* Town*Baltimore* CountyDate of death *1909 July*Day *31*Age *2* YearsMonths *2*Days *✓*Sex *Female*Color or Race *White*Birth-place *Dickeyville, Md.*Occupation *none*Where Residing if not at place of death *none*Married, Single or Widowed *none*Name of Wife or Husband *none*Father's Name *William George M. Guinness*Father's Birthplace *Dickeyville, Md.*Mother's Maiden Name *Martha Ellen Sakers*Mother's Birthplace *Dickeyville, Md.*Name of person giving information *William George M. Guinness*How related to deceased *Father.*

## CAUSES OF DEATH

*157* XPrimary *Congestive Debility*

How long

Immediate *Syncope*

How long

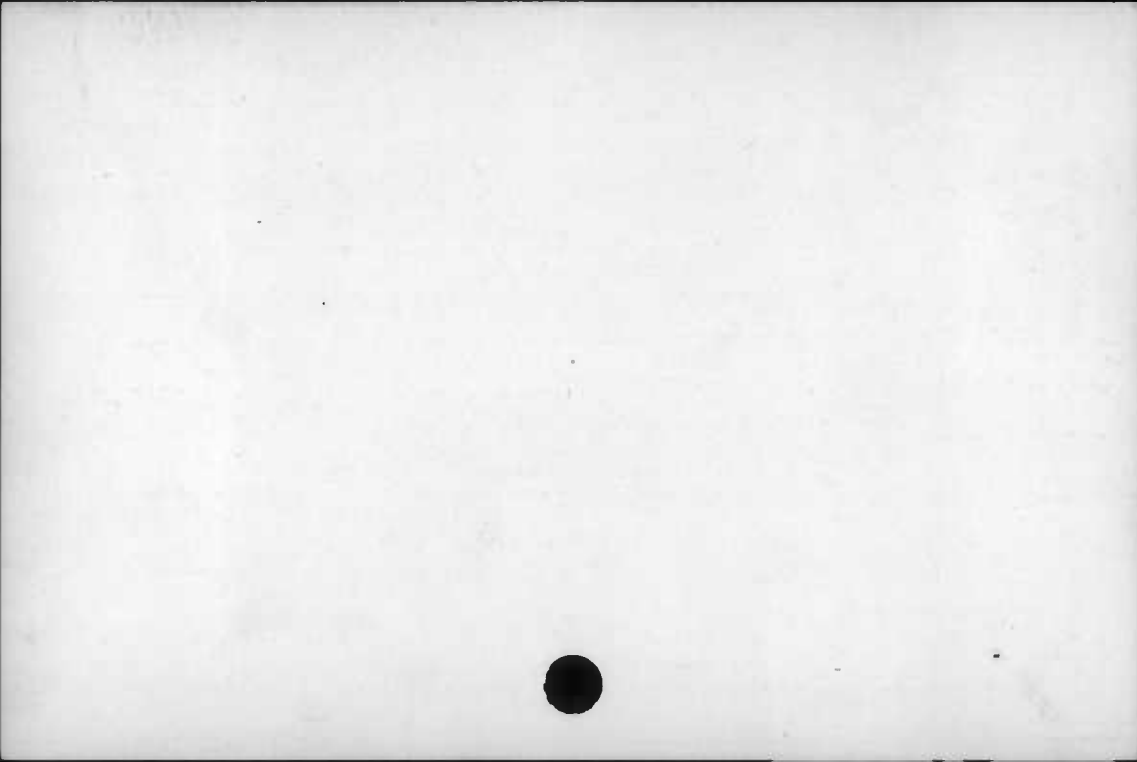
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Sherrill Monmonix*  
*Dickeyville, Md.*

Accident or Suicide?



Name  
in  
Full

Henry Mc/Kalski

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

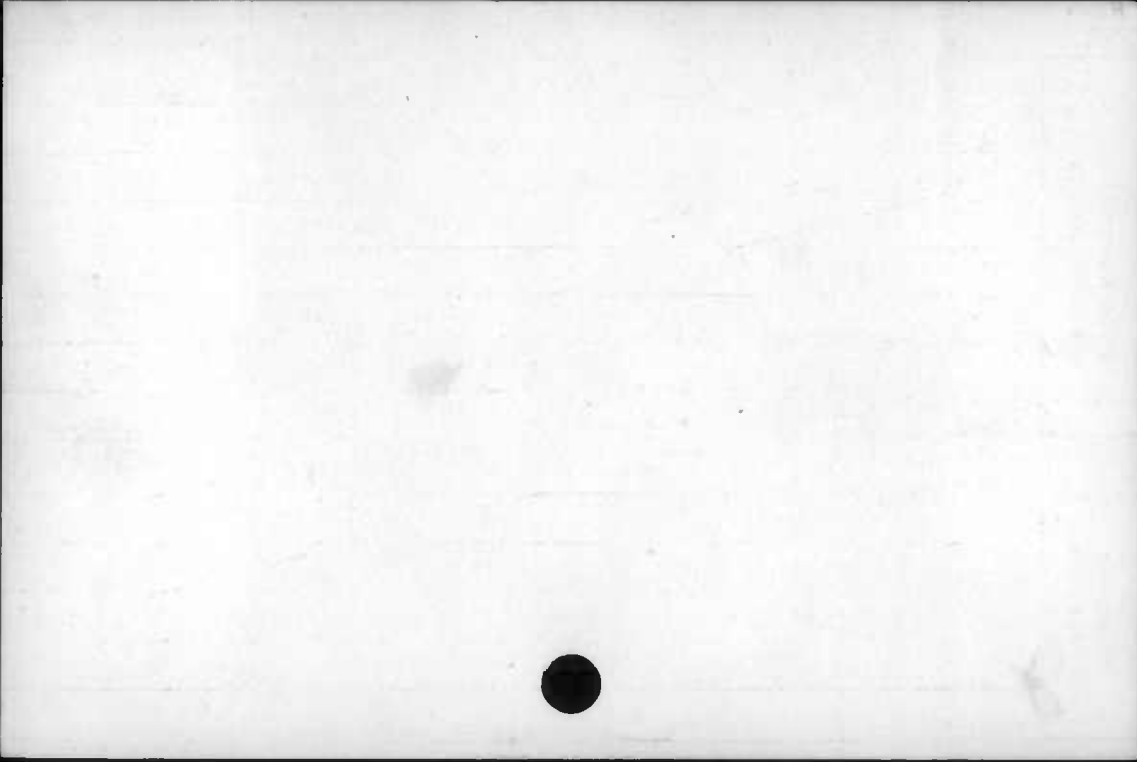
Died at		Town <i>Ms Helen</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1909</i>		<i>July</i>	<i>16</i>	<i>—</i>	<i>—</i>	<i>7</i>	<i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>			Birth-place <i>Baltimore</i>		
Occupation <i>Infant</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Peter Mc Kalski</i>				Father's Birthplace <i>Ms Helen</i>			
Mother's Maiden Name <i>Ms Kurn</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Mrs Mc Kalski</i>				How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Gastro intestinal Intoxication</i>	How long	<i>2 weeks</i>
Immediate	<i>" "</i>	How long	<i>2 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John H. Jones M.D.</i>	
		Address <i>Ms Helen Md</i>	
Accident or Suicide?			





Name  
in  
Full

Emma McNew

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Banton</i>		<sup>County</sup> <i>Balto</i>		MARYLAND	
Date of death	1909	Month <i>July</i>	Day <i>4</i>	Age	Years
				Months <i>3</i>	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>none</i>		Birth-place	<i>md</i>	
Where Residing if not at place of death			<i>2329 Boulevard</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>Henry McNew</i>			Father's Birthplace	<i>md.</i>
Mother's Maiden Name	<i>Helen Fosh</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>mother</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>10 days</i>
Immediate	<i>Debility</i>	How long	<i>11 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. J. McAvoy md</i>	
		Address	
		<i>839 S. Canton St.</i>	
Accident or Suicide?			

H. Sander & Son  
1710 Canton Ave

Mt. Carmel Cemetery

July 5<sup>th</sup> 1909

Name  
in  
Full

Annie Mc Nicholas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

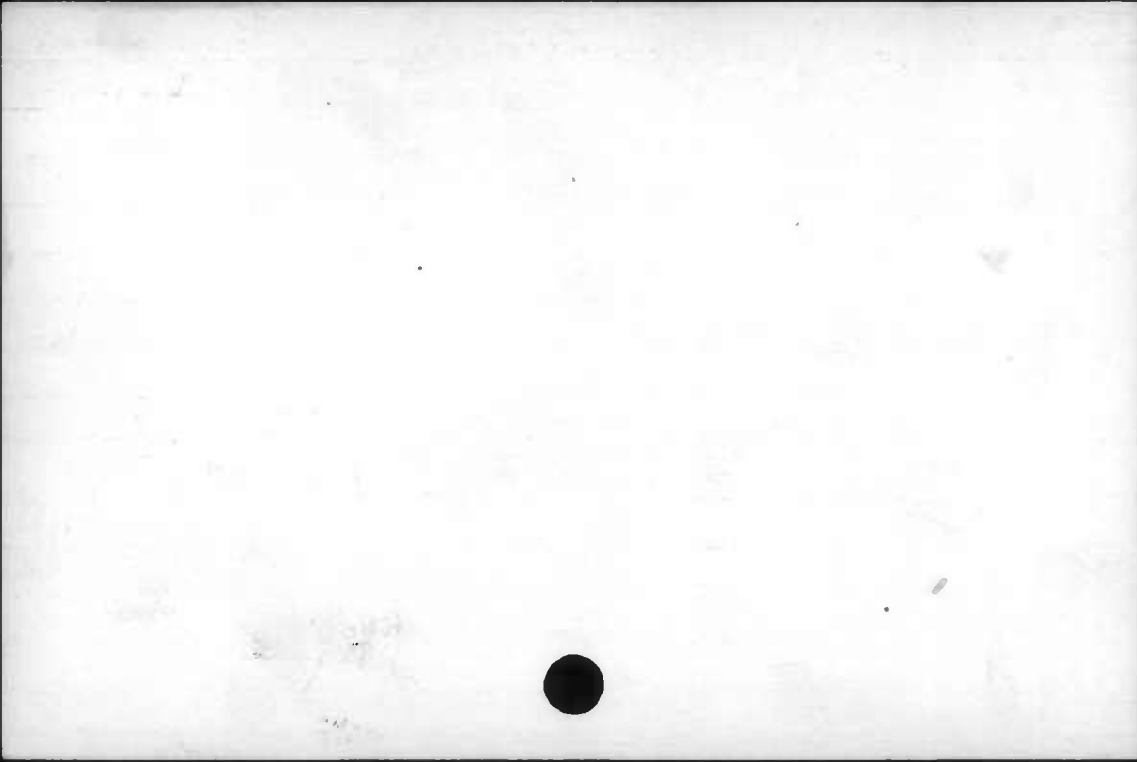
Died at		Town Sparrow Point		County Baltimore		MARYLAND	
Date of death 1909		Month July	Day 15	Age —	Months 2	Days 23	
Female Sex		Color or Race white		Birth- place			
Occupation —				Where Residing if not at place of death 5 W. G. St Spar. Pt.			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		James Mc Nicholas		Father's Birthplace		Ireland	
Mother's Maiden Name		Margaret King		Mother's Birthplace		"	
Name of person giving Information		Margaret Mc Nicholas		How related to deceased		Mother	

## CAUSES OF DEATH

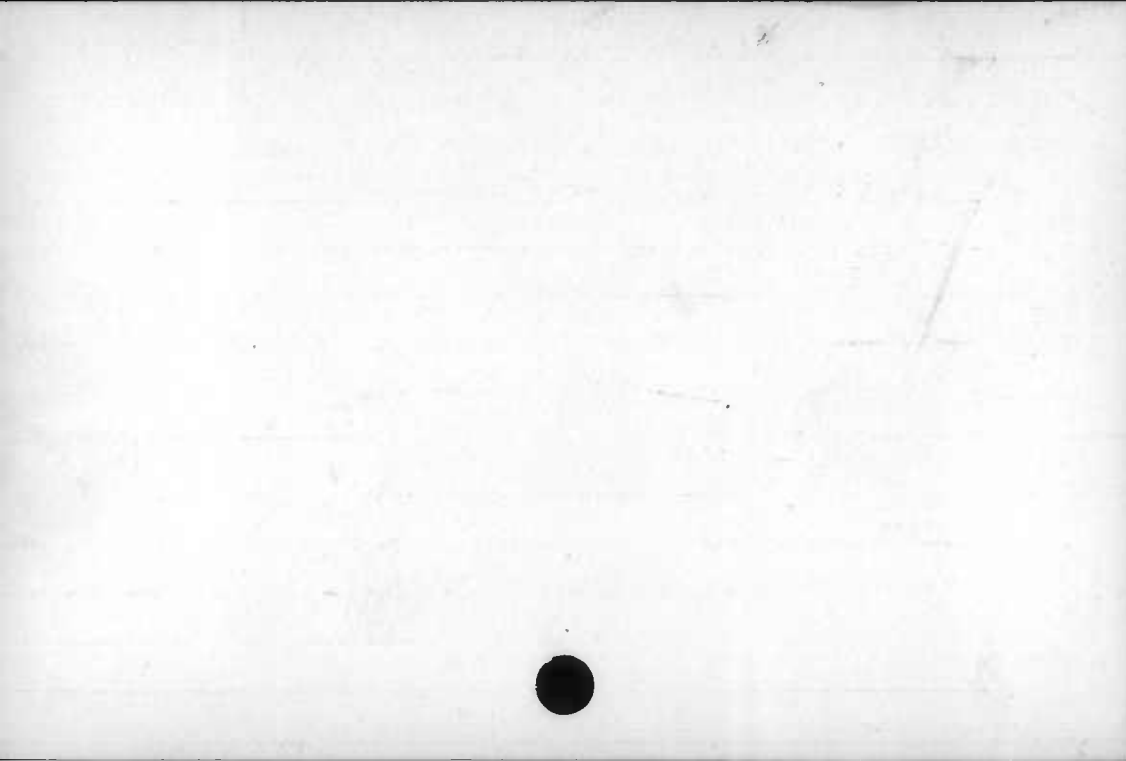
151

PHYSICIAN  
OR CORONER

Primary	Murder	How long	8 Weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
8		Address Sparrow Pt md.	
Accident or Suicide			



Name in Full		Bertie Mason				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt. Vernon	County Baltimore		MARYLAND	
	Date of death	1909	Month July	Day 9	Age	Years —	Months 6
	Sex	Female		Color or Race	Black		Birth-place Baltimore
	Occupation	Infant		Where Residing if not at place of death			
	Married, Single or Widowed	—		Name of Wife or Husband			
	Father's Name	Samuel Mason				Father's Birthplace	Nor Run
	Mother's Maiden Name	Mt. Run				Mother's Birthplace	Nor Run
Name of person giving information	Mrs. Sam'l. Mason				How related to deceased	Widow	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; width: 100px; float: right;">105</div>							
PHYSICIAN OR CORONER	Primary				How long		
	Dyspepsia diarrhoea acute Toxic				7 days		
	Immediate				How long		
	" " " "				7 "		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
8				Address			
Accident or Suicide?							



Name  
in  
Full

Katharine Mason

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Canton		Balto.					
Date of death		Month	Day	Age	Years	Months	Days
1909 July 27 <sup>th</sup>				42		7	
Sex	Female	Color or Race	White	Birth-place	Md.		
Occupation	Housewife			Where Residing if not at place of death	2104 S. First St.		
Married, Single or Widowed	Married	Name of Wife or Husband	George T. Mason				
Father's Name	Don't know			Father's Birthplace	U. S.		
Mother's Maiden Name	"			Mother's Birthplace	U. S.		
Name of person giving Information	George T. Mason			How related to deceased	Husband		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rheumatism	How long	6 mts
Immediate	Mitral Insufficiency - Broken Corp.	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	

8

Accident or Suicide

Address

W. L. Burke M.D.  
3042 Hudson St

Holy Redeemer Cemetery  
July 30<sup>th</sup> 1909

Lilly and Zeiler  
Undertakers



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Laurence*  
Baby *Mathias*,  
Town *Catonville* County *Balto*

Died at *Catonville* *Balto* MARYLAND

Date of death 1909 July 18 Age — Months 1 Days 18

Sex *male* Color or Race *white* Birth-place *Catonville*

Occupation *none* Where Residing if not at place of death *Catonville*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Wm H. Mathias* Father's Birthplace *Fredrick Co.*

Mother's Maiden Name *Emilia Haughton* Mother's Birthplace *Canal Co.*

Name of person giving Information *Wm H. Mathias* How related to deceased *Father*

## CAUSES OF DEATH

151

How long

6 weeks.

How long

6 weeks.

PHYSICIAN  
OR CORONER

Primary

*Marasmus.*

Immediate

*diphtheria.*

Are the name, age, sex, color, date and place correctly given above?

*yes.*

Signature of Physician

Address

*Marshall B. West.*  
*Catonville, Md.*

Accident or Suicide



Name  
in  
Full

Elenor Mays

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

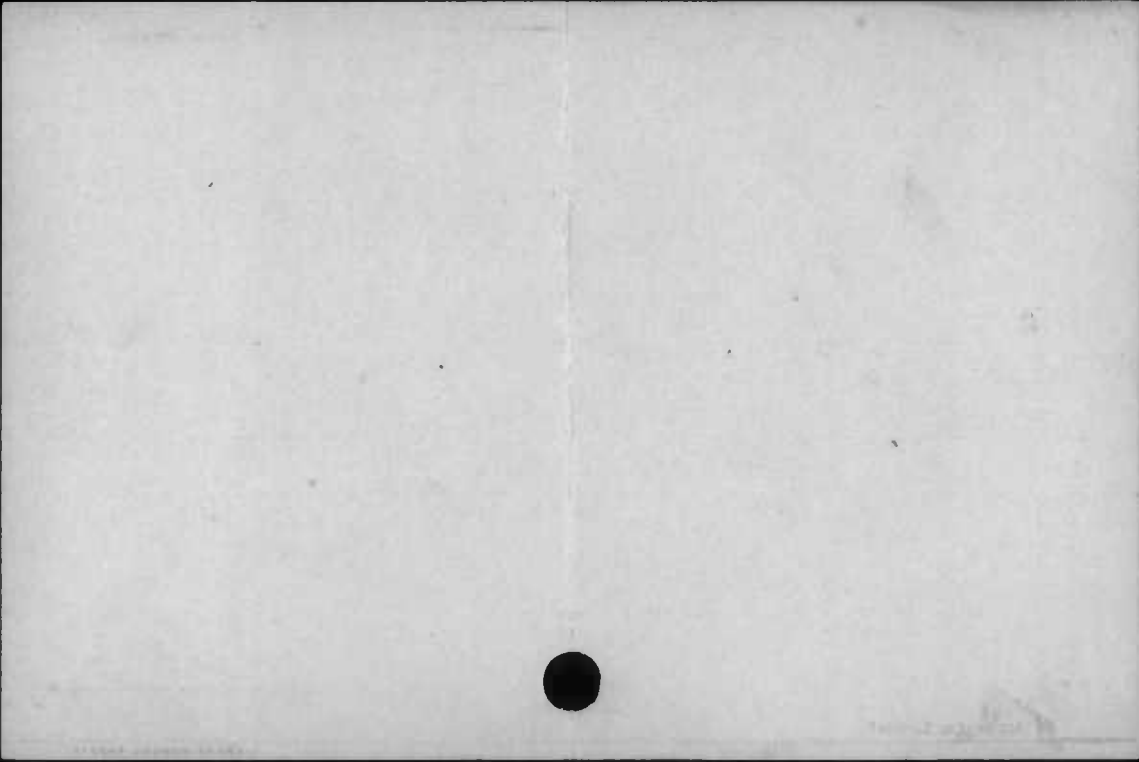
Died at		Town Glencoe		County Baltimore		MARYLAND	
Date of death	1909	Month 7	Day 3	Age 13	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Bald Co
Occupation	school girl			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	B. A. Mard Mays				Father's Birthplace	Bald Co Ind.	
Mother's Maiden Name	Sallie T. Wheeler				Mother's Birthplace	Bald Co Md	
Name of person giving In formation	B. A. Mays				How related to deceased	Father	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis Acute Miliary		How long	2 months
Immediate	Peritonitis		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Glencoe Ind.	
Accident or Suicide?				



Name  
in  
Full

David Kenneth Meiuschein

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Highlandtown</i>		<sup>County</sup> <i>Balt</i>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>7</i>	Day <i>22</i>	Age <i>1</i>	Months <i>7</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balt Co</i>			
Occupation <i>-</i>			Where Residing if not at place of death <i>4106 Lombard St.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>John Meiuschein</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Mary Haase</i>	Mother's Birthplace <i>Balt. Md</i>				
Name of person giving Information <i>John Meiuschein</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

35

PHYSICIAN  
OR CORONER

Primary <i>Scrophula</i>	How long <i>6 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. P. Maximo</i>
<i>no</i>	Address <i>34 - Gough Highlandtown Md</i>
Accident or Suicide <i>no</i>	

Mt. Carmel Conn  
July 24. 1909  
Hudson Conn

Name  
in  
Full

Thanna L. Melzer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Carney <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 1909 <sup>Month</sup> July <sup>Day</sup> 26 Age 10 <sup>Years</sup> 10 <sup>Months</sup> 2 <sup>Days</sup>

Sex Female Color or Race White Birth-place Carney,

Occupation Child Where Residing if not at place of death —

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Max R. Melzer

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Emma Handel

Mother's  
Birthplace

Germany

Name of person giving  
information

Max R. Melzer

How related  
to deceased

Father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Child hood

How long

Immediate

Cholera Infantum

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Walter H. Vinal

Address

Parkville, Md.

Accident or Suicide?

A Johns



Name  
in  
Full

Ruth Meredith

## CERTIFICATE OF DEATH

Town

Texas

County

Balto.

MARYLAND

Died at

Date

of death

190

9

July

Month

Day

6

Age

73

Years

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Ind

Occupation

Carmate - Balto. Co. Md.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Register County Annapolis

How related  
to deceased

—

## CAUSES OF DEATH

Primary

Progressive Paralysis -

How long

2 yrs

Immediate

Asthma

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

Wilmer C. Enser M.D.  
Cockeyville  
Ind.

Accident or Suicide

No.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs. Martha B. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		July	1	50		5	26
Sex	female	Color or Race	white	Birth-place	Maryland		
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	married			Name of Wife or Husband			
William Buehler				Mauda B. Miller			
Father's Name	William Buehler			Father's Birthplace			
Balto				Mother's Birthplace			
Elizabeth Davis				Manchester Md.			
Mother's Maiden Name	Mrs. E. B. Wirt			How related to deceased			
sister.							

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary	Chronic leptomeningitis -		How long	chronic
Immediate	Exhaustion		How long	gradual ca 1 wk.
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Edward J. Poush
			Address	Sheppard Street Pratt Hosp. L.
Accident or Suicide	No			

Interment in  
Greenmount cemetery  
July 3 1909

Stewart & Murray Co  
216 Park Ave  
Baltimore, Md.

Name  
in  
Full

Louis L. Minch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highlandtown		<sup>County</sup> Balto		MARYLAND	
Date of death	190	Month	7	Day	19
Age		67		Months	-
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Cooper		Where Residing if not at place of death	3521 E. Lombard St.	
Married, Single or Widowed	Single		Name of Wife or Husband	Mary Minch	
Father's Name	Henry Minch		Father's Birthplace	Germany	
Mother's Maiden Name	Unknown		Mother's Birthplace	Germany	
Name of person giving information	Mary Minch		How related to deceased	Wife	

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Arterio - Sclerosis		How long	3 weeks
Immediate	Apoplexy		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
yes		Frank J. Schell M.D. 1001 Argonne St.		
Accident or Suicide				

London Park  
Cemetery

Herrwig Jan

7/21/09

Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Mr. Williams		Baltimore		MARYLAND					
	Date of death	1909	Month	7	Day	18	Age	Years	Months	7	Days	22
	Sex	Male		Color or Race	Colored		Birth-place	Mad				
	Occupation					Where Residing if not at place of death						
	Married, Single or Widowed	Single		Name of Wife or Husband								
	Father's Name	Charles S. Mitchell					Father's Birthplace	California				
	Mother's Maiden Name	Novella Clayton					Mother's Birthplace	Ira				
Name of person giving information	Novella Clayton					How related to deceased	Mother					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">105</div>												
PHYSICIAN OR CORONER	Primary	Cholera infantum					How long	2 weeks				
	Immediate	exhaustion					How long					
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician	J. B. Hall					
						Address	Mr. Williams					
<div style="text-align: center;">Accident or Suicide?</div> <div style="text-align: right;">17</div>												

Geo. Hooper

Wt Auburn



Name  
in  
Full

Marietta Moffet

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>bovans</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909 July</i>		Month		Day <i>25</i>		Age <i>70</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bald Co Md</i>		Months		Days	
Occupation <i>Housewife</i>				Where Residing if not at place of death					
Married, <del>Single</del> <i>Widowed</i>				Name of <del>Wife</del> or Husband <i>Geo H. Moffet</i>					
Father's Name <i>John Crookes</i>				Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Bridgman</i>				Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Geo H. Moffet</i>				How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Uterus</i>	How long	<i>6 months</i>
Immediate	<i>Septic Condition</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John A Evans</i>	
		Address <i>101 N. Carey St</i>	
Accident or Suicide			

Sardam Park

Geo B Cook

1000 W B Palmer

Name  
in  
Full

Arthur D. Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

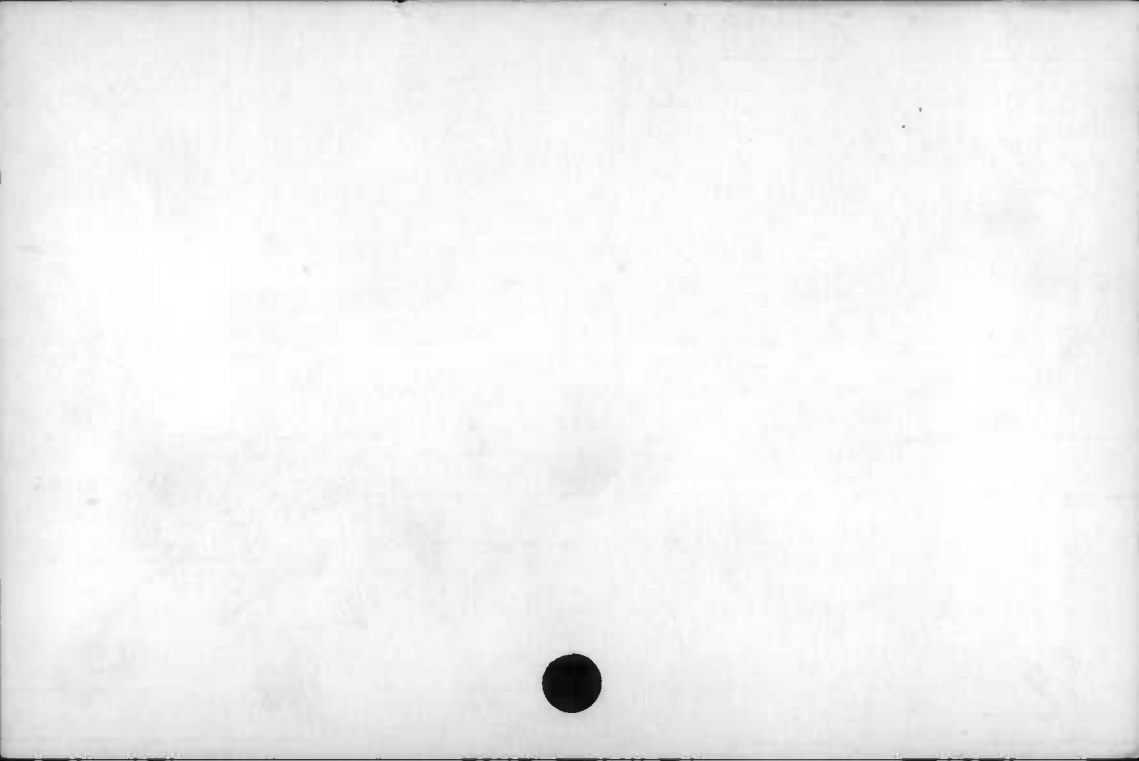
Died at <i>Catonville</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	1909	Month	July	Day	28	Years	32
Sex	male	Color or Race	Colored	Birth-place	Baltimore Co		
Occupation	Plumber			Where Residing if not at place of death	Catonville Md		
Married, Single or Widowed	Single	Name of Wife or Husband	none				
Father's Name	Matthew Moore			Father's Birthplace	Prince George Co		
Mother's Maiden Name	Mary Thomas			Mother's Birthplace	Frederick Co		
Name of person giving information	Matthews Moore			How related to deceased	Father		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	7 mos.
Immediate	<i>Asthenia</i>	How long	2 mos
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Marshall B. West-
		Address	Catonville Md
Accident or Suicide?			



Name  
in  
Full

Mary Emma Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Reisterstown* Town *Baltimore* County MARYLAND

Date of death *1909 July 25* Month Day Age *2* Years Months Days

Sex *Female* Color or Race *African* Birth-place *Reisterstown Md.*

Occupation *Infant* Where Residing if not at place of death *"at place of death"*

Married, Single or Widowed *Infant* Name of Wife or Husband \_\_\_\_\_

Father's Name *Happy Hay* Father's Birthplace *Reisterstown Md.*

Mother's Maiden Name *Adelaide Moore* Mother's Birthplace *Reisterstown Md.*

Name of person giving Information *Adelaide Moore* How related to deceased *Mother*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Dysentery* How long *one week*

Immediate *Cholera infantum* How long *24 hours*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *James Gore M.D.*

Address *Reisterstown Md.*

*Accident or Suicide*



Name  
in  
Full

Helien Louise Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Arlington</u>		County <u>Baltimore</u>		MARYLAND	
Date of death	1909	Month	July	Day	30 <sup>th</sup>	Years	12
Sex		Female		Color or Race		white	
Occupation		none		Birth-place		Baltimore	
Where Residing if not at place of death		Arlington Md					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Robert E. L. Morgan				Father's Birthplace	
Mother's Maiden Name		Lillian C Eichelberger				Mother's Birthplace	
Name of person giving information		Aunt Miss Morgan				How related to deceased	
						Aunt	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever	How long	3 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Edwin E Jones	
Address		Arlington Md	
Accident or Suicide?			

Catholic Cemetery.

Aug 2/909

Your Obedt



Name

in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at <i>Arlington</i>		County <i>Baltimore</i>			
Date of death <i>1909</i>	Month <i>July</i>	Day <i>4</i>	Age <i>52</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Arlington</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John T Mordshorn</i>			
Father's Name <i>Archibald Graham</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>John T Mordshorn</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident ~~or~~ Suicide?

Marine Ronson  
Bury at Snid Ridge cemetery.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Carl S. Murdock

Died at <sup>Town</sup> Hullsville<sup>County</sup> Baltimore

MARYLAND

Date of death 1909 July

Day 31

Age no

Months no

Days 5

Sex

male

Color or  
Race

colored

Birth-  
place

Hullsville

Occupation

none

Where Residing if not  
at place of death

Hullsville

Married, Single  
or Widowed

Infant

Name of Wife or  
Husband

Infant

Father's  
Name

Oliver Murdock

Father's  
Birthplace

Frederick

Mother's  
Maiden Name

Mary Martha Harrison

Mother's  
Birthplace

Ellicott City

Name of person giving  
In formation

Oliver Murdock

How related  
to deceased

Father

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Congenital Debility

How long

5 days

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

R. W. Williams

Address

Mt. Vernon

Accident or Suicide?

md. 17

Will Johnson

W. J. Johnson  
Ino Auburn. Cemetery.

Name  
in  
FullInfant of  
Oliver and Mary Murdock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Fullville

County

Balto

MARYLAND

Date

of death 1909

Month

July

Day

27

Age

Years

—

Months

27 ~~1/2~~

Days

—

Sex

Male

Color or  
Race

Colored

Birth-  
place

Warner M Balto Co

Occupation

None

If not  
place of deathMarried, Single  
or Widowed

Infant

Name  
HusbandFather's  
Name

Oliver M Murdock

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Mary M Henson

Mother's  
Birthplace

Md.

Name of person giving  
Information

Oliver M Murdock

How related  
to deceased

Father

## CAUSES OF DEATH

152

X

Primary

Birth

How long

22 Hours

Immediate

Asphyxia

How long

Unknown

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

August W. Miller, Coroner

Address

J M Winans

Balto Co Md

Accident or Suicide

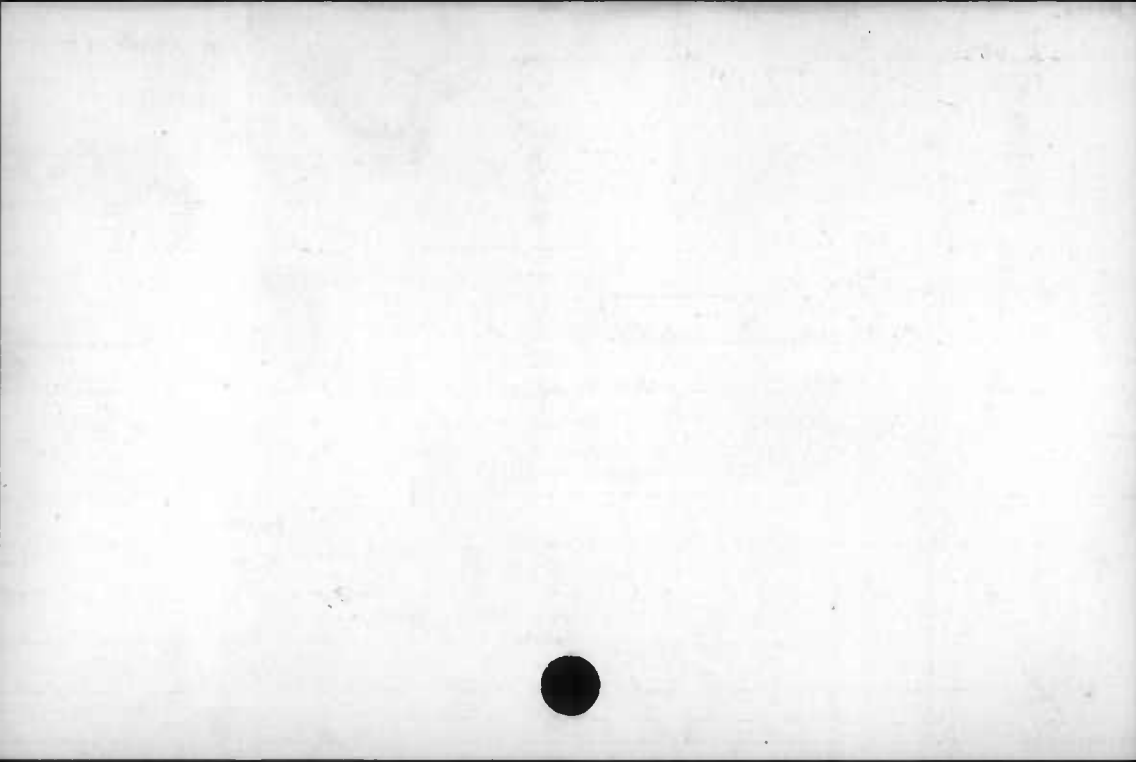
PHYSICIAN  
OR CORONER

W. J. Johnson

Mt. Auburn

Exbury -

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Gregory Myers</i>		County <i>Baltimore</i>		MARYLAND
	Month <i>July</i>		Days <i>16</i>		Age <i>—</i>
	Date of death <i>1909</i>		Months <i>4</i>		Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Baltimore</i>		
	Occupation <i>Super</i>	Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>			
	Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Mary Sheppard</i>	How related to deceased <i>friend</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Malnutrition</i>	How long <i>105</i>			
	Immediate <i>Follicular Ectasis</i>	How long <i>2 weeks</i>			
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Smith</i>			
		Address <i>707 W. 1st St</i>			
	Accident or Suicide?				





Name  
in  
Full

CERTIFICATE OF DEATH

*John S. Korakowski*

Town

County

MARYLAND

Died at *near Grange*

*Baltimore*

Date

Month

Day

Years

Months

Days

of death *1909*

*June*

*12*

Age

*47 + 49 yrs.*

Sex

*male*

Color or  
Race

*white*

Birth-  
place

*Germany*

Occupation

*Farmer (truck)*

Where Residing if not  
at place of death

Married, Single

~~Widowed~~

Name of Wife or  
Husband

*Marguerite Feliska*

Father's  
Name

*Michael Korakowski*

Father's  
Birthplace

*Germany*

Mother's  
Maiden Name

*don't know*

Mother's  
Birthplace

*Germany*

Name of person giving  
In formation

*Casmer Korakowski*

How related  
to deceased

*son*

CAUSES OF DEATH

**27**

Primary

*Pulmonary Tuberculosis*

How long

*about 3 years*

Immediate

*Exhaustion*

How long

*1 week*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*J. H. Wright*

Address

*Canton + O'Donnell St.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

William Tolkowski

~~Mt Carmel, Cal.~~

Holy Rosary Cem.

July 14/09.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

County

Mormon Park 6 Balto

Date

of death

Month

Day

Years

Months

Days

1904 July 31

Age

1

Sex

Male

Color or  
Race

White

Birth-  
place

Balto City

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Rudolph Cettinger

Father's  
Birthplace

Balto Md

Mother's  
Maiden Name

Elizabeth Thacker

Mother's  
Birthplace

4 1/2

Name of person giving  
Information

Rudolph Cettinger

How related  
to deceased

Father

## CAUSES OF DEATH

14

Primary

Dysentery

How long

16 days

Immediate

Spinal meningitis

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. C. Knipp, M.D.

Address

1002 W. Lawrence

PHYSICIAN  
OR CORONER

Accident or Suicide

Y<sup>rs</sup> Father

W<sup>th</sup> Love Country

Name  
in  
Full

Caroline S. Ohrenschall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Catonsville		County Baltimore		MARYLAND	
Date of death	1909	Month July	Day 1	Age 62	Years	Months	Days
Sex	female		Color or Race	white		Birth- place	Baltimore
Occupation	none.		Where Residing if not at place of death		Catonsville Md		
Married, Single or Widowed	Single		Name of Wife or Husband		none		
Father's Name	Christian J. Ohrenschall					Father's Birthplace	Germany
Mother's Maiden Name	Caroline S. Nicken					Mother's Birthplace	Germany
Name of person giving Information	F. A. Ohrenschall					How related to deceased	Brother

## CAUSES OF DEATH

120

X

PHYSICIAN  
OR CORONER

Primary

nephritis

How long

2 yrs.

Immediate

Uremic Coma

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

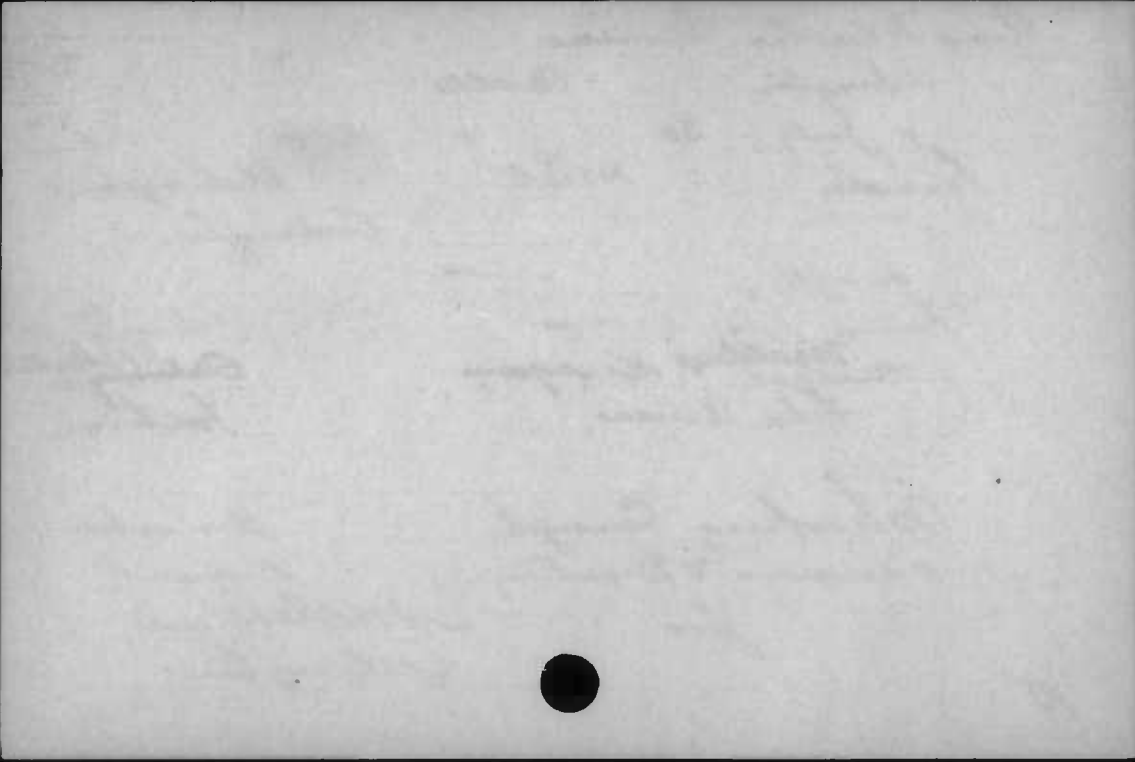
Signature of  
Physician

Marshall B. West.

Address

Catonsville, Md.

Accident? Suicide?



Name  
in  
Full

Anna Dorothea Owens

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Arlington <sup>Town</sup> Balto <sup>County</sup>

Date of death 1909 <sup>Month</sup> July <sup>Day</sup> 30 <sup>Age</sup> 1 <sup>Years</sup> 9 <sup>Months</sup> - <sup>Days</sup> -

Sex Female Color or Race White Birth-place Arlington

Occupation - Where Residing if not at place of death Arlington

Married, Single or Widowed Single Name of Wife or Husband -

Father's Name Felix Les Owens Father's Birthplace Arlington

Mother's Maiden Name ~~Bridget~~ Matlene Kreegar Mother's Birthplace Pikeville

Name of person giving information Felix Owens How related to deceased Father

## CAUSES OF DEATH

Primary Whooping Cough 8 <sup>How long</sup> 3 weeks

Immediate Pneumonia & Dysentery <sup>How long</sup> 1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. L. Cox and  
Arlington

3

Accident or Suicide?

St Charles Cemetery  
Pikesville  
Martin Tacey & Son



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Raymond A. Perkins</b>		To <b>Fort Howard</b>		County <b>Baltimore</b>		MARYLAND	
Died at		Month <b>July</b>		Day <b>27</b>		Years <b>9</b>	
Date of death <b>1909</b>		Month <b>July</b>		Day <b>27</b>		Years <b>9</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Maryland</b>		Days <b>11</b>	
Occupation <b>None</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>William R. Perkins</b>		Father's Birthplace <b>Missouri</b>					
Mother's Maiden Name <b>Ida E. Lorn</b>		Mother's Birthplace <b>St. Harrington</b>					
Name of person giving information <b>William R. Perkins</b>		How related to deceased <b>Father</b>					

## CAUSES OF DEATH

8

V

PHYSICIAN  
OR CORONER

Primary <b>Hypertension</b>	How long <b>three weeks</b>
Immediate <b>Exhaustion</b>	How long <b>2 4 hours</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>H. K. Petteliano</b>
	Address <b>Sparrow pt. Md. 15</b>
Accident or Suicide?	

Mount Carmel Conn.  
H. Sander Sons  
July 29. 09

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant of Antonius & Annie Perrone

Died at Canton <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 1909 July <sup>Month</sup> 1 <sup>Day</sup> Still Born <sup>Age</sup> 0 <sup>Years</sup> 0 <sup>Months</sup> 0 <sup>Days</sup>

Sex male Color or Race White Birth-place Canton

Occupation None Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Antonius Perrone Father's Birthplace Italy

Mother's Maiden Name Annie Tosto Mother's Birthplace Italy

Name of person giving Information Antonius Perrone How related to deceased Father

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Still Born 8 X How long

Immediate Still Born How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. S. Sudler MD

Address 3336 E. Baltimore St

Accident or Suicide

Gorkle & Gorkle  
1739 E. Cagar

---

Oak Lawn Cem.

July 1-09

Name  
in  
Full

Evelyn Mildred Pfeiffer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highland		County Baltimore		MARYLAND	
Date of death		1909	Month July	Day 11	Age —	Years 5	Months 14
Sex Female		Color or Race White		Birthplace Maryland			
Occupation None				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Albert Pfeiffer		Father's Birthplace Maryland					
Mother's Maiden Name Jamie Gordon		Mother's Birthplace Maryland					
Name of person giving information Albert Pfeiffer		How related to deceased Father					

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary	Tubercular Enteritis	How long	2 months
Immediate	Tubercular Meningitis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician Dr. H. Herrmann		Address 3115 E. Baltimore St.	
Accident or Suicide?		—	

Mount Carmel  
H. Sander & Sons  
July 12/09

Name  
in  
Full

*Mrs Prucella John Hays Poole*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
<i>Catoxville</i>		<i>Baltimore</i>					
Date of death	1909	Month	July	Day	27	Age	73
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>		
Occupation	<i>House wife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>			Name of Wife or Husband			
<i>Reginal Poole</i>							
Father's Name	<i>Lemuel Hays</i>			Father's Birthplace	<i>Maryland</i>		
Mother's Maiden Name	<i>Elyza Poole</i>			Mother's Birthplace	<i>"</i>		
Name of person giving Information	<i>Richard C. Hays</i>			How related to deceased	<i>brother</i>		

CAUSES OF DEATH

**66**

PHYSICIAN  
OR CORONER

Primary	<i>Hemiplegia</i>	How long	<i>About 4 yrs</i>
Immediate	<i>Hypostatic Pneumonia</i>	How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Alfred J. Gundry M.D.</i>	
		Address	
		<i>Stebel, Catoxville Md</i>	
Accident or Suicide			
<i>No</i>			





Name  
in  
Full

Susan Meade Poultnery

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Sudbrook Park <sup>County</sup> Baltimore MARYLAND

Date of death 1909 <sup>Month</sup> July <sup>Day</sup> 23 <sup>Years</sup> Age 70 <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race white Birth-place Warrenton Va

Occupation — Where Residing if not at place of death

~~Married, Single~~ Widowed Name of ~~Wife or~~ Husband Thomas Poultnery Jr.

Father's Name Berkeley Ward Father's Birthplace Va

Mother's Maiden Name Harriet Fitzhugh Mother's Birthplace Va

Name of person giving information Miss Harriet Tiffany How related to deceased niece

## CAUSES OF DEATH

Primary Diabetes Mellitus 50 How long 10 years

Immediate Diabetic Coma How long 3 days.

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?

*Ch. E. Van der*  
Baltimore.  
206 W. Lafayette Ave

Henry A Jenkins and Sons Co

Greenmount. Cinc

July 25<sup>th</sup>. 09

Name in Full		Wachs, Fred				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Towyn		County		MARYLAND	
	Date of death	1909	Month	July	Day	28	Age
						Years	Months
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Soldier		Where Residing if not at place of death		Same	
	Married, Single or Widowed	Single		Name of Wife or Husband		None	
	Father's Name	Unknown		Father's Birthplace		Russia	
Mother's Maiden Name	Unknown		Mother's Birthplace		Russia		
Name of person giving information	Edward E. Gittinger		How related to deceased		None		
<div>CAUSES OF DEATH</div> <div> <div>Primary</div> <div>Accidental</div> <div>How long</div> <div>172</div> <div>+</div> </div> <div> <div>Immediate</div> <div>Frowning</div> <div>How long</div> <div>One</div> </div>							
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		W. J. Gaudy M.D.		
			Address		335 E. Ball St		
	<div> <div>Accident or Suicide?</div> <div> <div>Accident</div> <div>or</div> <div>Suicide?</div> </div> </div>						

May Leviwood,

Undertaker,

Name  
in  
Full

CERTIFICATE OF DEATH

Christiana Margwood Queen  
Town County  
Died at Mt Washington Baltimore

MARYLAND

Date of death 1909 July 18 Age 27 Months Days

Sex Female Color or Race Negro Birth-place Not Known

Occupation Cook Where Realding if not at place of death Baltimore (?)

Married, Single or Widowed Married Name of Wife or Husband Geo H. Queen

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name Not Known Mother's Birthplace Not Known

Name of person giving Information Geo. H. Queen How related to deceased Husband

"Homicide."

CAUSES OF DEATH

176

Primary Two bullet wounds from hands of husband How long

Immediate Perforation of heart Suddenly

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician William J. Ford

Address Mt Washington

Verdict of jury Inquest held by Dr. Murphy. J. P. A.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Burns Sons  
Towson

~~Admiral~~ ~~Admiral~~

Burial at  
Balt. Co. Ches  
House  
Cem

Name  
in  
Full

Thomas Rafferty

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Towson Town Baltimore County MARYLANDDate of death 1909 Month 7 Day 11 Age 47 Years Months 4 Days 11Sex m Color or Race w Birth-place IrelandOccupation Packer Where Residing if not at place of death Cockeysville, Md.Married, Single or Widowed Single Name of Wife or HusbandFather's Name William Rafferty Father's Birthplace IrelandMother's Maiden Name Ella Connor Mother's Birthplace IrelandName of person giving Information Geo. F. Rafferty How related to deceased Brother

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONERPrimary Pulmonary Tuberculosis How long 2 yrs.Immediate Syncope How long 3 daysAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician Alvin M. Foster M.D.Address Endowment, Towson Md.

Accident or Suicide

Interment at Fepas  
Bulto to Tuesday 13<sup>th</sup>

Mon 6 Brooks



Name  
in  
Full

Victoria Redd

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Canton <sup>Town</sup> Balto <sup>County</sup>  
Date of death 1909 July <sup>Month</sup> 8 <sup>Day</sup> Age 3 <sup>Years</sup> 3 <sup>Months</sup> 23 <sup>Days</sup>  
Sex Female Color or Race Black Birth-place Balto  
Occupation House Where Residing if not at place of death Same  
Married, Single or Widowed Single Name of Wife or Husband None  
Father's Name Samuel Redd Father's Birthplace Prince Georges Co  
Mother's Maiden Name Maria Groun Mother's Birthplace Charlottesville  
Name of person giving Information Maria Redd How related to deceased Mother

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary Gastro. Enteritis How long 105  
Immediate Coroner  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician J. L. Luchman  
Address 334 N. Balto St.  
Accident or Suicide 12

---

Robert A. Elliott,  
#1 506 Rogers Ave.

---

Asbury Cemetery  
July 10<sup>th</sup> /09.

---

Name  
in  
Full

Susan E Robb

CERTIFICATE OF DEATH



TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Roland Park</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1909 July</u> <small>Month</small>		<u>28</u> <small>Day</small>	Age <u>56</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>25</u> <small>Days</small>
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Maryland</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>1319 Mt. Royal ave Baltimore</u>			
<del>Married</del> , Single <del>or Widowed</del>		Name of Wife or Husband			
Father's Name <u>Joseph Robb</u>		Father's Birthplace <u>Pennsylvania</u>			
Mother's Maiden Name <u>Elizabeth Jones</u>		Mother's Birthplace <u>New Jersey</u>			
Name of person giving Information <u>John Robb</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary <u>Diabetes Mel.</u>	How long <u>Some years</u>
Immediate <u>Ext haemion &amp; weak heart, Hydrops</u>	How long <u>Last few weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. R. W. Mifflin</u>
	Address <u>1016 Madison Av.</u>
	
	
Accident or Suicide	

Stewart & Mowen Co  
Funeral Directors  
215 Park Ave  
for Interment in  
London Park Cemetery  
July 30<sup>th</sup> /09.

Name  
in  
Full

Thomas Royston

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Sparrows Point* Town *Baltimore* County *MARYLAND*  
Date of death *1909 July 10* Month *July* Day *10* Age *23* Years *9* Months *9* Days  
Sex *Male* Color or Race *White* Birth-place *Balto. Co.*  
Occupation *Switchman* Where Residing if not at place of death *—*  
Married, Single or Widowed *Single* Name of Wife or Husband *—*  
Father's Name *Chas. R. Royston* Father's Birthplace *Md.*  
Mother's Maiden Name *Margaret Perryory* Mother's Birthplace *"*  
Name of person giving Information *Chas. R. Royston* How related to deceased *Father*

CAUSES OF DEATH

159

How long

PHYSICIAN  
OR CORONER

Primary *Pistol shot* How long  
Immediate *yes*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Joe Blair J. P.*  
Accident or Suicide *Suicide* Address *Sparrows Point Md*

A. S. Marshall

3539 Fall Road

to St Mary's Cemetery

Balto City

July 11-1989

Name  
in  
Full

Ethel M Sackleein

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>St. Helena</i> <sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death 190 <sup>Month</sup> <i>9</i> <sup>Day</sup> <i>July</i> <sup>Years</sup> <i>15</i>	Age <i>2</i>	Months <i>7</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>St. Helena</i>	
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or <del>Widowed</del>		Name of Wife or Husband	
Father's Name <i>Wayner Sackleein</i>		Father's Birthplace <i>Sweden</i>	
Mother's Maiden Name <i>Rose Monahan</i>		Mother's Birthplace <i>Ireland</i>	
Name of person giving Information <i>Mrs Rose Sackleein</i>		How related to deceased <i>Mother</i>	

## CAUSES OF DEATH

How long

Primary *Malignant Hemorrhagic Purpura* *2 weeks*

How long

Immediate *Exhaustion* *45 hours*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*J. C. Eldred, M.D.*

Address

*Spencer's Point Md*PHYSICIAN  
OR CORONER

Accident or Suicide

Oak Lawn Conn  
Hewigson  
7/16/09



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death <u>1909 July</u> <sup>Month</sup>		<u>1</u> <sup>Day</sup>	<u>1</u> <sup>Year</sup>	<u>—</u> <sup>Months</sup>	<u>15</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single.</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Joseph Schepeling</u>			Father's Birthplace <u>Baltimore.</u>		
Mother's Maiden Name <u>Helen Ross</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving Information <u>Mrs. Schepeling</u>			How related to deceased <u>mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Exhaustion</u>	How long <u>24 hrs.</u>
Immediate <u>Gastro Enteritis</u>	How long <u>10 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Harvey Schepeling</u>
	Address <u>1013 S. Canton St.</u>
Accident or Suicide <u>—</u>	

Baltimore Funeral  
Co.

Mount Carmel  
July 2 4 o'clock

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at St. Agnes Hosp. Baltimore CountyDate of death 1909 July 16th Age 52 57 Months 1 Days 13Sex Male Color or Race White Birth-place GermanyOccupation Butcher Where Residing if not at place of death 951 Frederick Ave.~~Married, Single~~ ~~Widowed~~ Name of Wife or Husband Kate E. SchnepfeFather's Name Henry J. Schnepfe Father's Birthplace GermanyMother's Maiden Name Anna S. Goebel Mother's Birthplace "Name of person giving information Theo. B. Schnepfe How related to deceased Son

## CAUSES OF DEATH

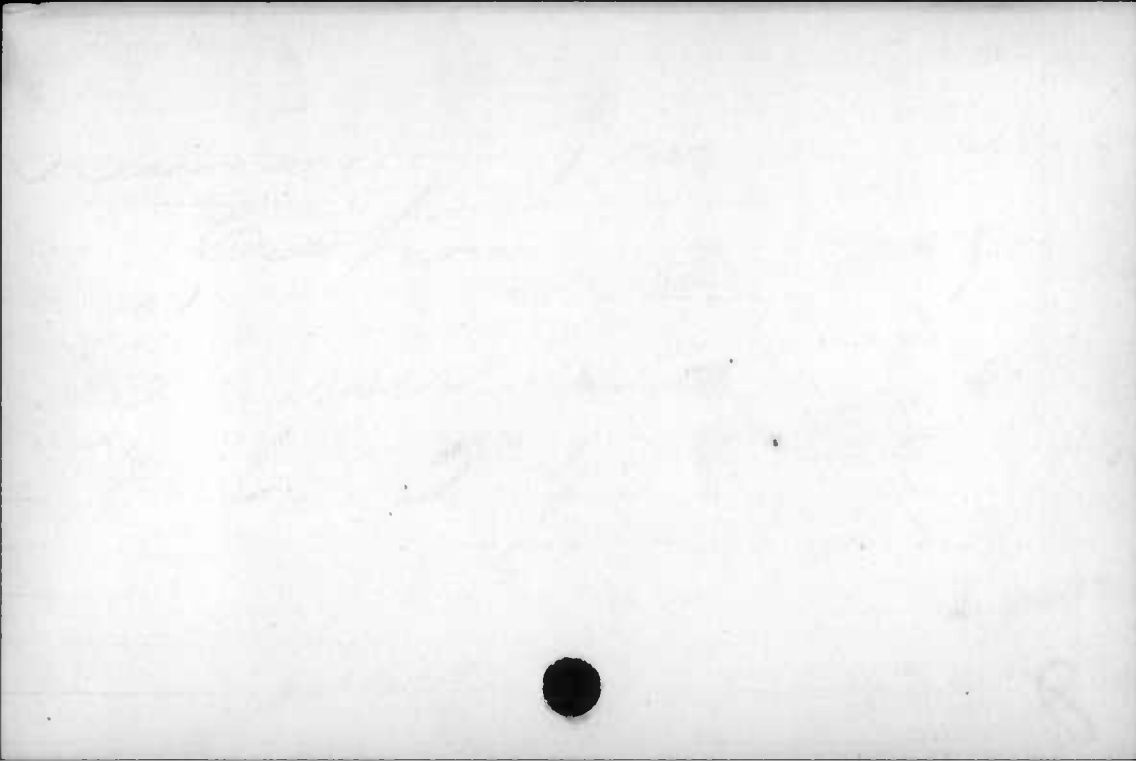
40 ✓  
How long 6 mos +Primary Carcinoma stomach How long 3 weeks +Immediate Lack of Nutrition from Cancer Stomach

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

YesFredy Crank  
St. Agnes HospitalAccident or Suicide? no



Name  
in  
Full

Joseph Francis Schrieffer  
St Helena Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909 July 19

Month

Day

Age

Years

Months

Days

Sex

Male

Color of  
Race

White

Birth-  
place

Baltimore

Occupation

None

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Michael Schrieffer

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Josephine Hagedorn

Mother's  
Birthplace

Germany

Name of person giving  
Information

Josephine Schrieffer

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Marasmus  
pneumonia

How long

3 1/2 weeks

Immediate

How long

2 days

Are the name, age, sex, color, data  
and place correctly given above?

Signature of  
Physician

Address

J. S. Qualis, M.D.  
3336 N. Baltimore

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER

Wendell Lippel Bone

37 S. Ann St.

St. Alphonsus Cem.

July 21<sup>st</sup> / 09

Name  
in  
Full

CERTIFICATE OF DEATH

Marie Schulte

Died at Century Heights Baltimore County

MARYLAND

Date of death 1909 July 24 Age 35 Years Months Days

Sex Female Color or Race White Birth-place Baltimore

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Peter Schulte

Father's Birthplace Rotterdam

Mother's Maiden Name Cornelia Hainiger

Mother's Birthplace Amheim

Name of person giving Information Father

How related to deceased 100 ✓

CAUSES OF DEATH

Primary Stomatitis How long Two weeks

Immediate Arterial

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

William F. ...  
1407 N. Ray  
Baltimore, Md.

Accident or Suicide No.

(U.S.P.)

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER

Entire rights incl. of Paris Rd.  
off 4<sup>th</sup> Ave. back of Hill's Park.

Permit issued July 24<sup>th</sup> 1909  
by N.P.



Name  
in  
Full

Annie Severe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Rossville Town Baile County MARYLAND

Date of death 1909 Month July Day 6<sup>th</sup> Age 48 Years — Months — Days —

Sex Female Color or Race white Birth-place md

Occupation hcr Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Walter M Severe

Father's Name James Marshall Father's Birthplace md

Mother's Maiden Name Susie Harris Mother's Birthplace md

Name of person giving Information Walter M Severe How related to deceased husband

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

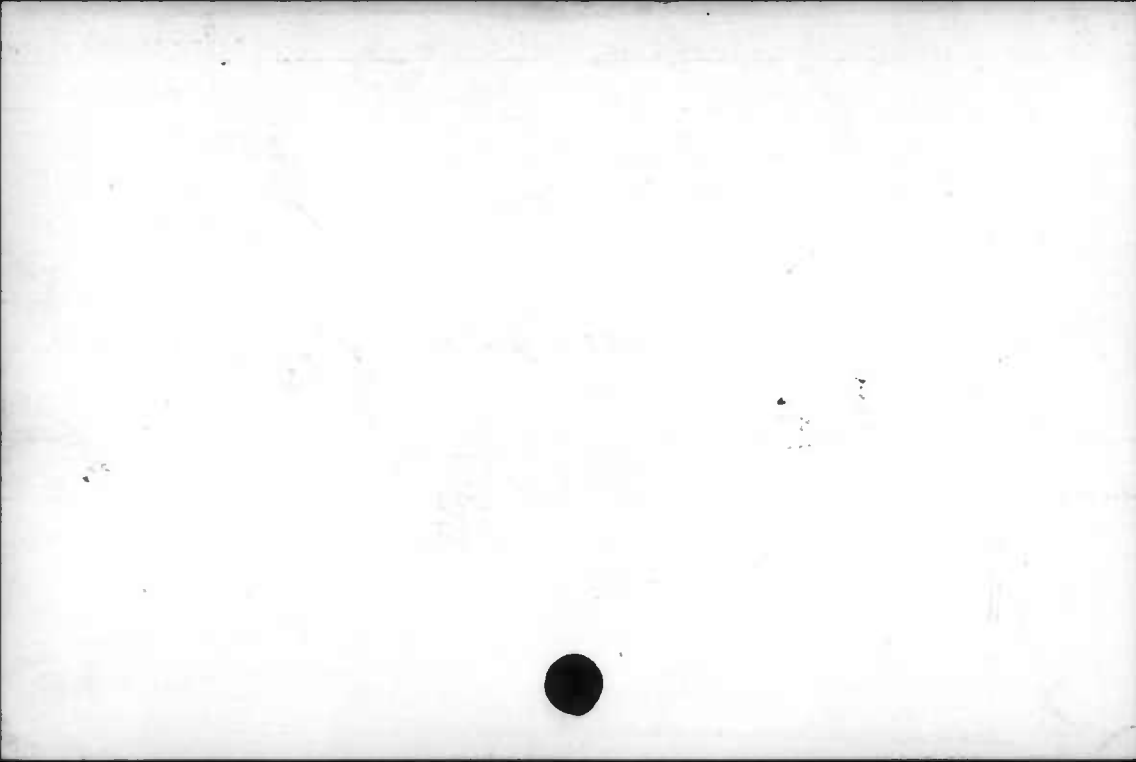
Primary Carcinoma Stomach How long one year

Immediate As above How long 1 month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician James W. Hammond  
Address middle Point Md

Accident or Suicide no



Name  
in  
Full

Charles Preston Shaper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Mt Zion* <sup>Town</sup> *Carroll* <sup>County</sup> *Baltimore* <sup>MARYLAND</sup>

Date of death *1909* <sup>Month</sup> *July* <sup>Day</sup> *28* <sup>Age</sup> *1* <sup>Years</sup> *27* <sup>Months</sup> *3* <sup>Days</sup> *21*

Sex *male* Color or Race *white* Birth-place *Mt Zion*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *James Shaper* Father's Birthplace *Mt Zion*

Mother's Maiden Name *Rosa Pasley* Mother's Birthplace *Mt Zion*

Name of person giving information *James Shaper* How related to deceased *Father*

## CAUSES OF DEATH

179

+

PHYSICIAN  
OR CORONER

Primary

*Marasmus*

How long

*3 months*

Immediate

*Heart failure*

How long

*4 1/2 hours*

Are the name, age, sex, color, date and place correctly given above?

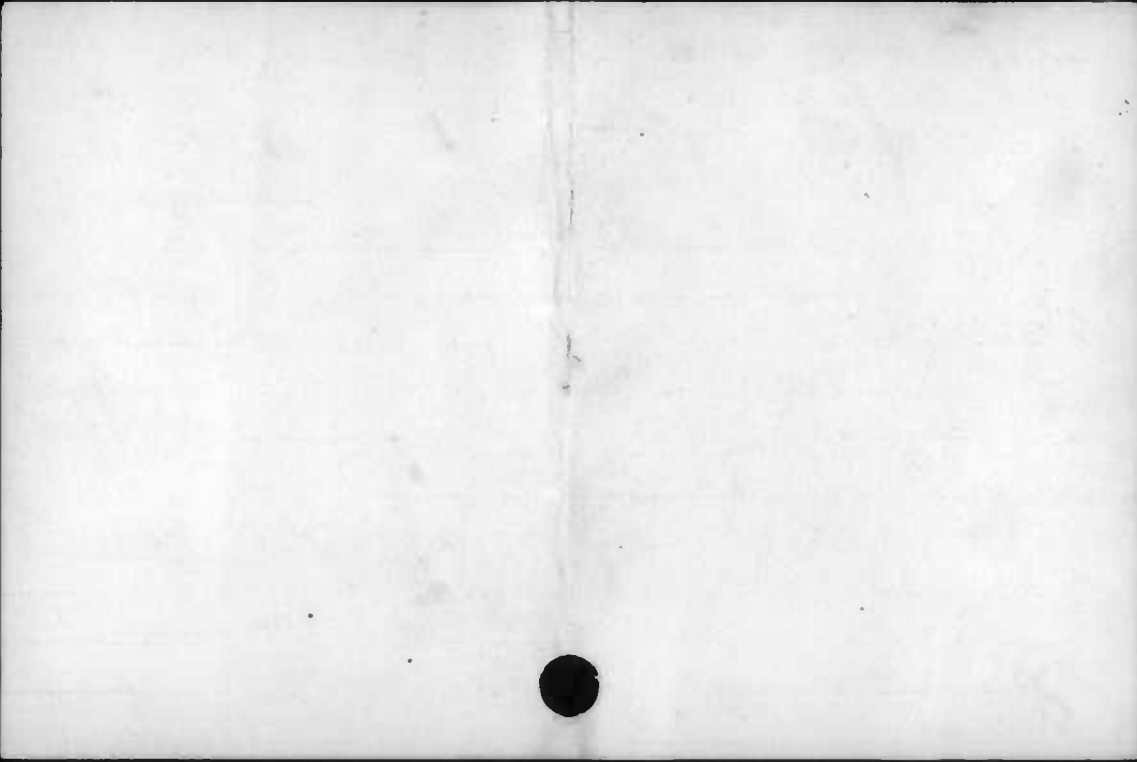
*yes*

Signature of Physician

Address

*11 Preston Mall  
West Hampstead*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Henry Shuvalier*

Town *Randallstown* County *Baltimore* MARYLAND

Died at *Randallstown*

Date of death *1909 July 12* Age *79* Months *10* Days *19*

Sex *Male* Color or Race *White* Birth-place *Pennsylvania*

Occupation *Contractor Builder* Where Residing if not at place of death *Randallstown*

Married, Single or Widowed *Married* Name of Wife or Husband *Olga A. Shuvalier*

Father's Name *Leont Shuvalier* Father's Birthplace *Pennsylvania*

Mother's Maiden Name *Catharine Herash* Mother's Birthplace *Pennsylvania*

Name of person giving Information *Mrs Wm Hall* How related to deceased *Not Related*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

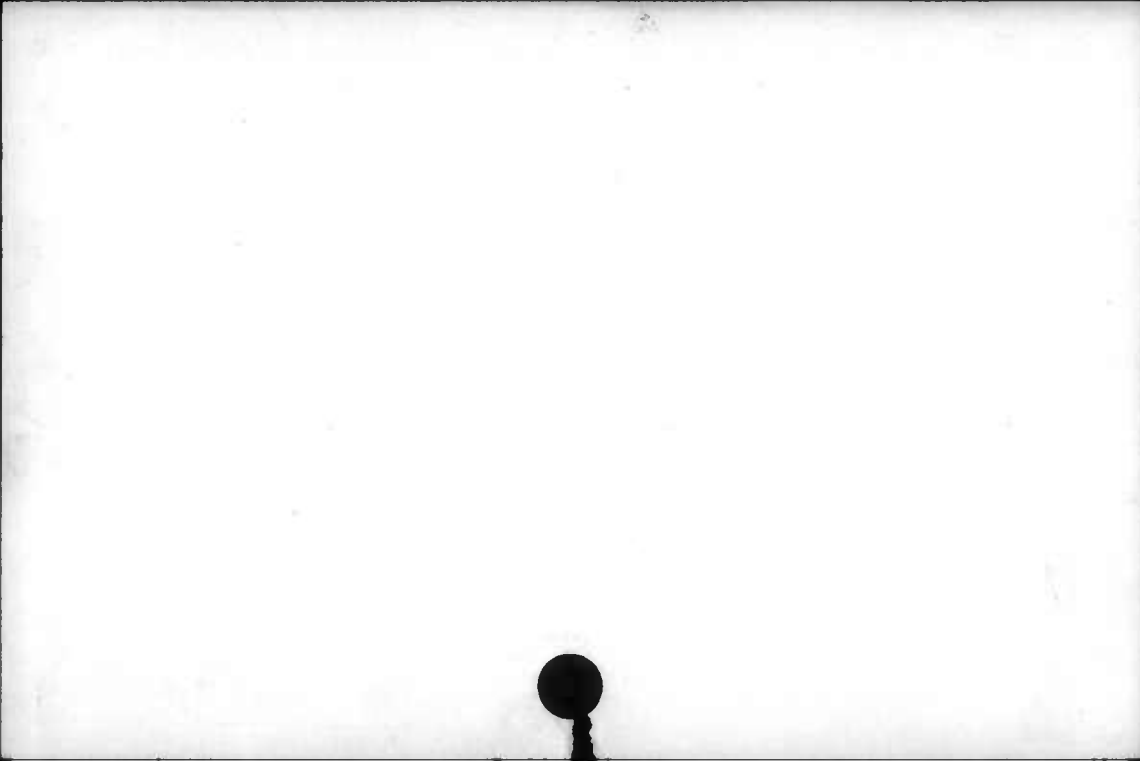
Primary *Mitral Stenosis & Hypertrophy* How long *1 year*

Immediate *Acute Indigestion* How long *1 month*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm E. Burgess* Address *Rush Baltimore*

Accident or Suicide *no*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Simms* Town *Hallville* County *Balt.* MARYLAND  
Died at  
Date of death 190 *9* Month *7* Day *6* Age *—* Years *—* Months *—* Days *—*  
Sex *Male* Color or Race *Colored* Birth-place *Balt. Co. Md*  
Occupation *House* Where Residing if not at place of death *—*  
Married, Single or Widowed *Infant* Name of Wife or Husband *—*  
Father's Name *C. C. Simms* Father's Birthplace *A. A. Co. Md*  
Mother's Maiden Name *Josephine Smith* Mother's Birthplace *Balt. "*  
Name of person giving Information *C. C. Simms* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primery *Stillborn* How long *Immediate*  
Immediate *Stillborn* How long *Immediate*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *August W. Miller* Coroner  
Address *Mr. Williams*  
*Balt. Co. Md*  
Accident or Suicide

Geo. S. Hooper  
J. M. Auburn



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John R. Simms  
 Died at *Notch cliff* Town *Balto.* County  
 Date of death 1909 July 15 Age *=* Months *=* Days *14*  
 Sex *Male* Color or Race *white* Birth-place *Balto.*  
 Occupation *none* Where Residing if not at place of death *Notch cliff*  
 Married, Single or Widowed *Single* Name of Wife or Husband *none*  
 Father's Name *Thomas E. Simms* Father's Birthplace *Balto. Co*  
 Mother's Maiden Name *Virginia Simms* Mother's Birthplace *Balto Co*  
 Name of person giving Information *Mrs. Thomas E. Simms* How related to deceased *Mother.*

## CAUSES OF DEATH

Primary *Premature Birth* How long *151* X  
 Immediates *Marasmus* How long *Not Known*  
 Are the name, age, sex, color, date and place correctly given above? *all its life*  
 Signature of Physician *John A. I. Green*  
 Address *Guttings Md.*  
 Accident or Suicide *2*

PHYSICIAN  
OR CORONER

John Burns Sons  
Tousoy

Wagh Chapel  
Cem.  
Balls. Co.

Name in Full		John W Sipes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		1907	Month	Day	Age	Months
	Sex		Male	Color or Race		White	Birth-place
	Occupation		Carpenter	Where Residing if not at place of death		Roslyn Balt Co Md	
	Married, Single or Widowed		Single	Name of Wife or Husband		-	
	Father's Name		Peter Sipes	Father's Birthplace		Germany	
	Mother's Maiden Name		Micka Cwings	Mother's Birthplace		Md	
	Name of person giving information		Chas A Hoffman	How related to decedent		Brother in law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Mental Degeneration			How long	
	Immediate		Hemiplegia			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	
	Accident or Suicide?		No			Address	
						R. C. Smith Wexham St Md.	

79

Joseph B Cook  
Mt Olive Cemetery  
July 6 1909

Name  
in  
Full

David Lee Slade

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

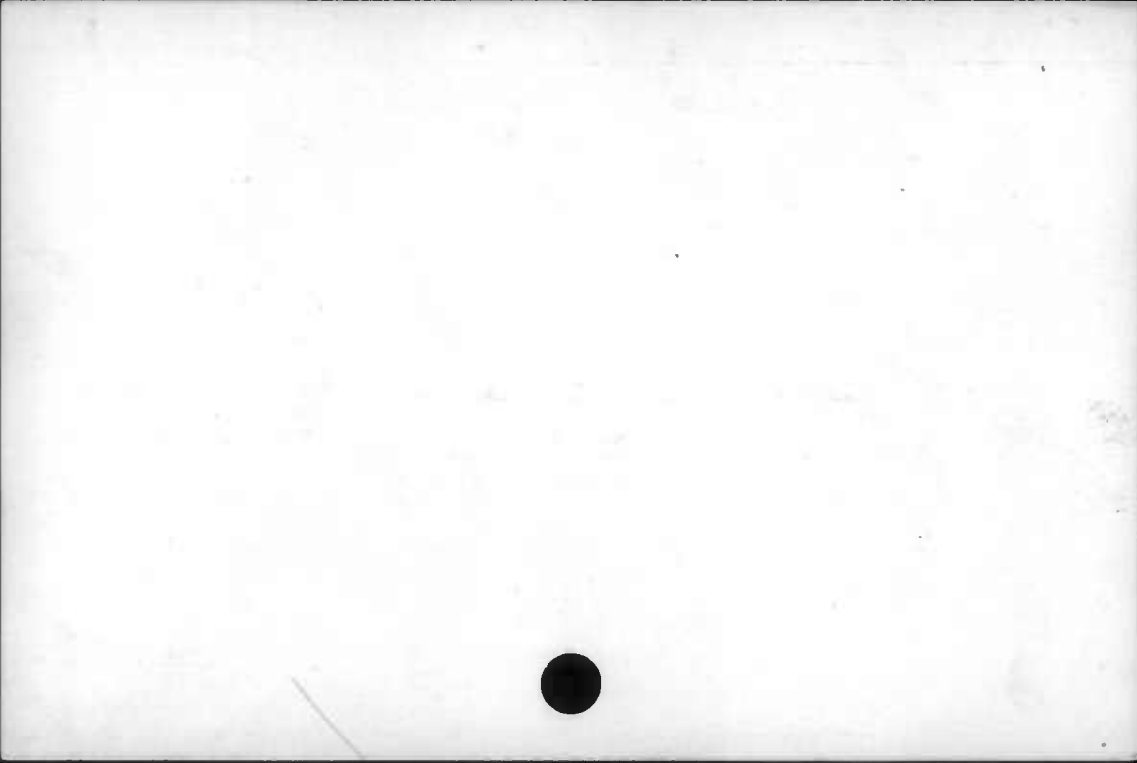
Died at <i>Waleyton</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	July	27	75		
Sex	Color or Race	Birth-place			
Male	white	Harford Co			
Occupation	Where Residing if not at place of death				
<i>Retired Merchant</i>					
Married, Single or Widowed	Name of Wife or Husband				
Married	<i>Ada Z. Slade</i>				
Father's Name	Father's Birthplace				
<i>David Slade</i>	<i>Harford Co,</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Unknown</i>	<i>Unknown</i>				
Name of person giving Information	How related to deceased				
<i>Lee Slade</i>	<i>Son</i>				

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>4 yrs</i>
Immediate	<i>Valvular disease of Heart</i>	How long	<i>3 yrs,</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>[Signature]</i>		<i>J. M. Slade</i>	
		Address	
		<i>Residence</i>	
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Deathrine S Smith  
Town Glynndon County Butte

MARYLAND

Died at Glynndon Butte  
Date of death 1909 July 24 Age 54  
Month Day Years Months Days

Sex Female Color or Race White Birth-place New York

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband P H Smith

Father's Name Joseph Shea Father's Birthplace Ireland

Mother's Maiden Name Mary Murray Mother's Birthplace Ireland

Name of person giving Information P H Smith How related to deceased Husband

CAUSES OF DEATH

64

Primary Cerebral thrombosis How long 11 hours

Immediate Paralysis How long 11 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

J. K. Smith  
Glynndon  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

Joseph L. Smith

Town

County

MARYLAND

Died at Edmondson Ave. East Balto.

Date of death 190 9 July 14 Age 42

Sex Male Color or Race White Birth-place Baltimore

Occupation Merchant Where Residing if not at place of death Edmondson Ave

Married, Single or Widowed Name of Wife or Husband Anna Spicer

Father's Name Bart. L. Smith Father's Birthplace Baltimore

Mother's Maiden Name Annie E. Blagden Mother's Birthplace Balt. co

Name of person giving Information Bart. L. Smith How related to deceased Father

CAUSES OF DEATH

27

Primary Pulmonary tuberculosis 8 months

Immediate Pleurisy One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. L. Brown  
Address 1302 N. Lombard St

Accident or Suicide No

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Henry W. Hears & Sons

Name

In  
Full

Samuel Solomon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

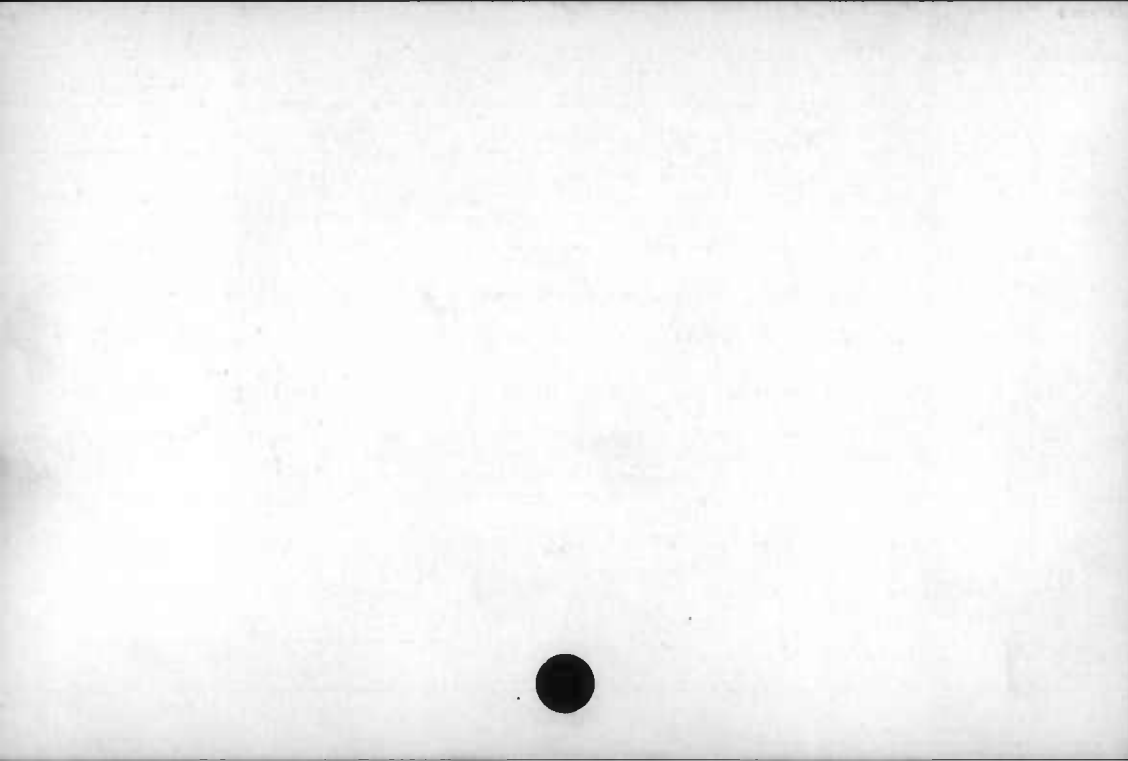
Died at <i>J. H. C. B. Reisterstown</i>		<i>Balto.</i>		MAYLAND	
Date of death 190	9	Month	July	Day	25
Age	27	Years	3	Months	14
Sex	Male	Color or Race	White	Birth-place	Russia
Married, Single or Widowed	Married	Occupation	Salesman (Jewelry)		
Name of Wife or Husband	Esther Hirschbaum				
Father's Name	Abraham Solomon			Father's Birthplace	Russia
Mother's Maiden Name	Ida Solomon (Kasposky)			Mother's Birthplace	Russia
Name of person giving information	Esther Solomon			How related to deceased	Wife

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary &amp; laryngeal tuberculosis</i>	How long	<i>over two years</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 wks.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>S. Wickers Merritt, M.D.</i>
		Address	<i>Reisterstown, Md.</i>
Accident or Suicide?			



Name  
in  
Full

Henry H. Spears.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Leatosville		County Baltimore		MARYLAND	
Date of death		Month 1909	Day July	Age 15	Years	Months 10 months	Days
Sex male		Color or Race colored		Birth- place Leatosville			
Occupation no				Where Residing if not at place of death Leatosville			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Richmond Spears				Father's Birthplace Leatosville			
Mother's Maiden Name Bessie S. Temple				Mother's Birthplace Virginia			
Name of person giving Information Mrs. Spears				How related to deceased mother			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary Cholera Infantum		How long 1 mo
Immediate Cholera		How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician N. R. Gonyea M.D.
Address Leatosville Md.		
Accident or Suicide? no		

R. A Elliott  
Western Star.

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDCatharine Susann Stafford  
Town County

Died at Garrison

Date of death 1909 July

Month Day 30<sup>th</sup>

Age

Years

Months 2

Days 10

Sex

Female

Color or  
Race

White

Birth-  
place

Garrison Md.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Warren P. Stafford

Father's  
Birthplace

Balto. Md.

Mother's  
Maiden Name

Bessie May Engles

Mother's  
Birthplace

Toledo Ohio

Name of person giving  
Information

Bessie May Stafford

How related  
to deceased

Mother

## CAUSES OF DEATH

151

X

Primary

Marasmus

How long

9 weeks

Immediate

Convulsion

How long

a few  
minAre the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W. H. Campbell

Address

Lewins Mills  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER

Wm J. Ticknor & Son  
by Rhom

Laurel Park



Name  
in  
Full

Joseph Stumm

Baltimore

## CERTIFICATE OF DEATH

Town

County

Died at

5<sup>th</sup> Ave 12 District Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 July

7

Age

3

6

Sex

Female

Color or  
Race

White

Birth-  
place

Bach. Co-

Occupation

Where Residing if not  
at place of death

at home

Married, Single  
or widowedName of Wife or  
HusbandFather's  
Name

Frank Stumm

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Bernette Hiesner

Mother's  
Birthplace

Md.

Name of person giving  
Information

Father

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Gastro Enteritis

How long

10 days

Immediate

rx medication

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

R. A. Ungelbach  
J. H. Dispensary

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mount Carmel Cemetery

July 8<sup>th</sup> 1909

Undertakers

Lilly and Zeiler

Name  
in  
Full

Mack. Ståten

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

dr

Died at <i>Spawna Point</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>	
Date of death <i>1909 July</i>		Month <i>30</i>	Day <i>30</i>	Years <i>36</i>	Months <i>unknown</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Unknown</i>	
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>Unknown</i>			
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving Information <i>John Campbell</i>		How related to deceased <i>son</i>			

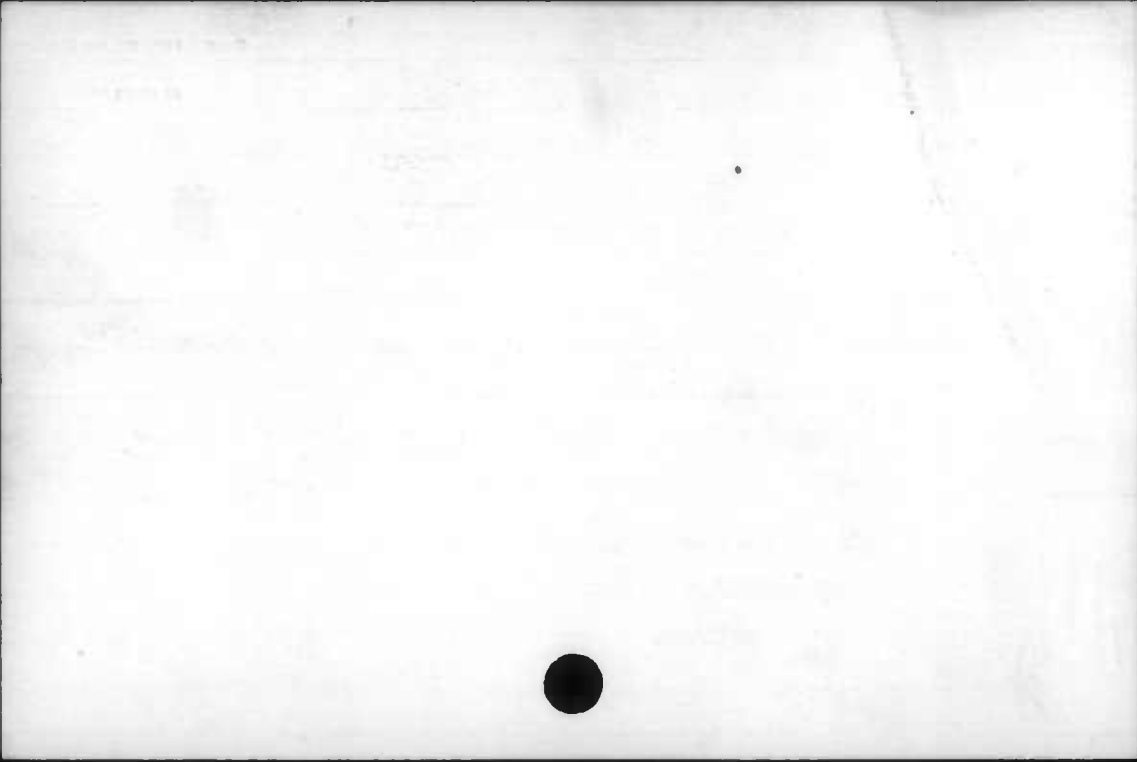
## CAUSES OF DEATH

172

x

PHYSICIAN  
OR CORONER

Primary	<i>Accidental drowning</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of <i>David L. Thompson</i>	
		Address <i>3322 E. Balto St.</i>	
Accident or Suicide <i>Accident</i>		<i>Balto Co Md</i>	



Name in Full		Died at				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County <td colspan="4">MARYLAND</td>		MARYLAND					
		Date of death		Month		Day		Years		Months		Days	
		Sex		Color or Race		Birth-place							
		Occupation		Where Residing if not at place of death									
		Married, Single or Widowed		Name of Wife or Husband									
		Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace					
		Name of person giving information		How related to deceased									
		CAUSES OF DEATH				105							
PHYSICIAN OR CORONER		Primary		Marasmus		How long		3 Mo.					
		Immediate		Intestinal Intoxication		How long		3 Days					
		Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		R. V. Glauz M.D.					
				Address		Mr. Stumans		Baltimore Md.					
		Accident or Suicide?											

N. Smith

St. Peter County.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Stein

Town

Monro Park

County

Baltimore

MARYLAND

Died at

Date

of death 1909

Month

7

Day

3

Age

Year

Months

Six

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Baltimore Md

Occupation

Infant

Residing if not  
at deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Henry Stein

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Kunigunda Schuler

Mother's  
Birthplace

Germany

Name of person giving  
Information

Henry Stein

How related  
to deceased

Father

## CAUSES OF DEATH

179

Primary

Marasmus.

How long

Two weeks

Immediate

Exhaustion

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

August W. Miller (Coroner)

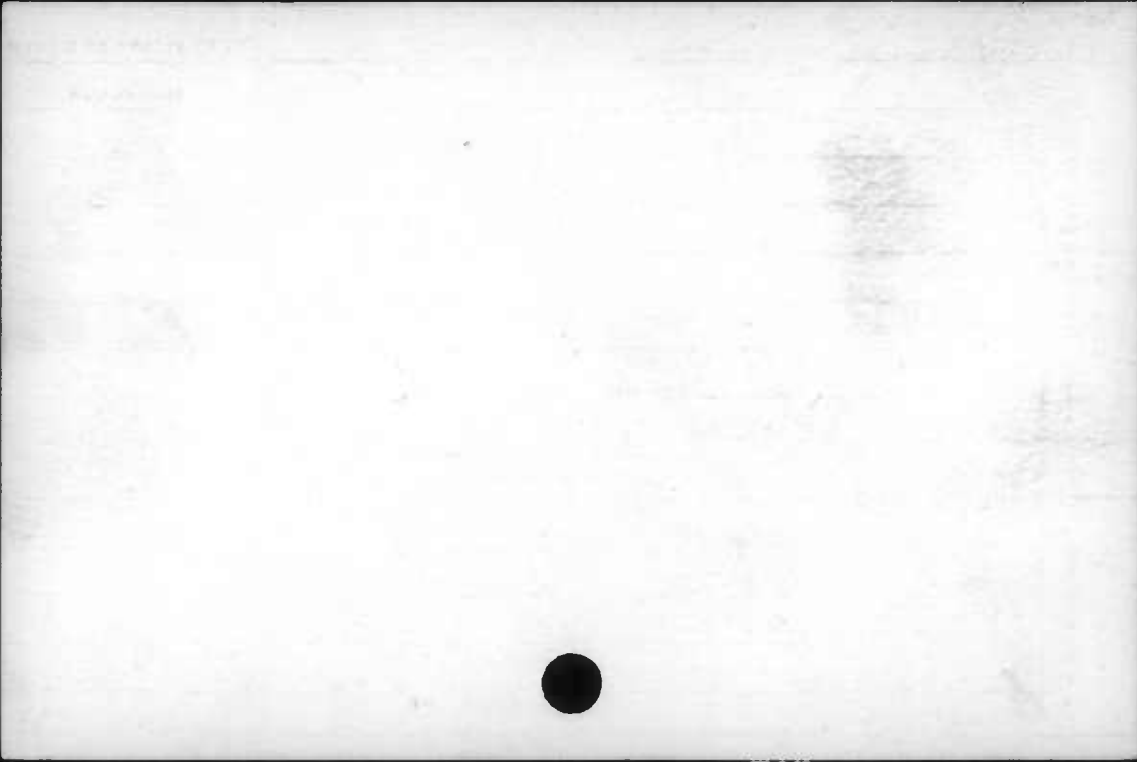
Address

Mr Winans

Baltimore Md.

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in Full

David Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ecclinton</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909 July</i>		Month	Day <i>28</i>	Age <i>2</i>	Years	Months <i>8 -</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
<del>Married</del> , Single <del>Widowed</del>		Name of Wife or Husband					
Father's Name <i>C Martin Stewart</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Sophie M. Hanny</i>		Mother's Birthplace					
Name of person giving Information <i>Marion Haylor</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

Primary	<i>Illus Acutis</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, data and place correctly given above?		yes	
Signature of Physician <i>St Louis Haylor</i>		Address <i>Pittsville</i>	
Accident or Suicide		<i>Ind</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles Talbert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bikesville</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909 July</i>		Month		Day <i>22</i>		Years		Age <i>2 weeks</i>	
Sex <i>Boy</i>		Color or Race <i>White</i>		Birth-place <i>at his home</i>					
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, <del>Singls</del> or Widowed				Name of Wife or Husband <i>Charles Talbert</i>					
Father's Name <i>W. F. Talbert</i>				Father's Birthplace <i>Proctorville, Ind.</i>					
Mother's Maiden Name <i>Rose Hanson</i>				Mother's Birthplace <i>Bozons, Ind.</i>					
Name of person giving Information <i>Charles Talbert</i>				How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chorea marasmica</i>	<i>151</i> X How long <i>one week</i>
Immediate <i>Convulsions</i>	How long <i>about 3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Campbell</i>
	Address <i>600 W. Mills, Ind.</i>
Accident or Suicide	

J. F. Eline

Name  
in  
Full

Matilda B Talbort  
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at *Owings Mills* *Balto* County  
Date of death 1904 July 18. Age 71. Months 4. Days 4.

Sex *female*. Color or Race *White*. Birth-place *Montgomery Co*

Occupation *House duties* Where Residing if not at place of death *Owings Mills.*

Married, Single or Widowed *Married* Name of Wife or Husband *Wm Talbert*

Father's Name *John Darby.* Father's Birthplace *Montgomery Co*

Mother's Maiden Name *Goldboro* Mother's Birthplace *Montgomery Co*

Name of person giving Information *Mrs Geo. S. Fisher* How related to deceased *Daughter.*

CAUSES OF DEATH

43

Primary *Carcinoma of right breast.* How long *8 months*  
Immediate *Gastritis* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

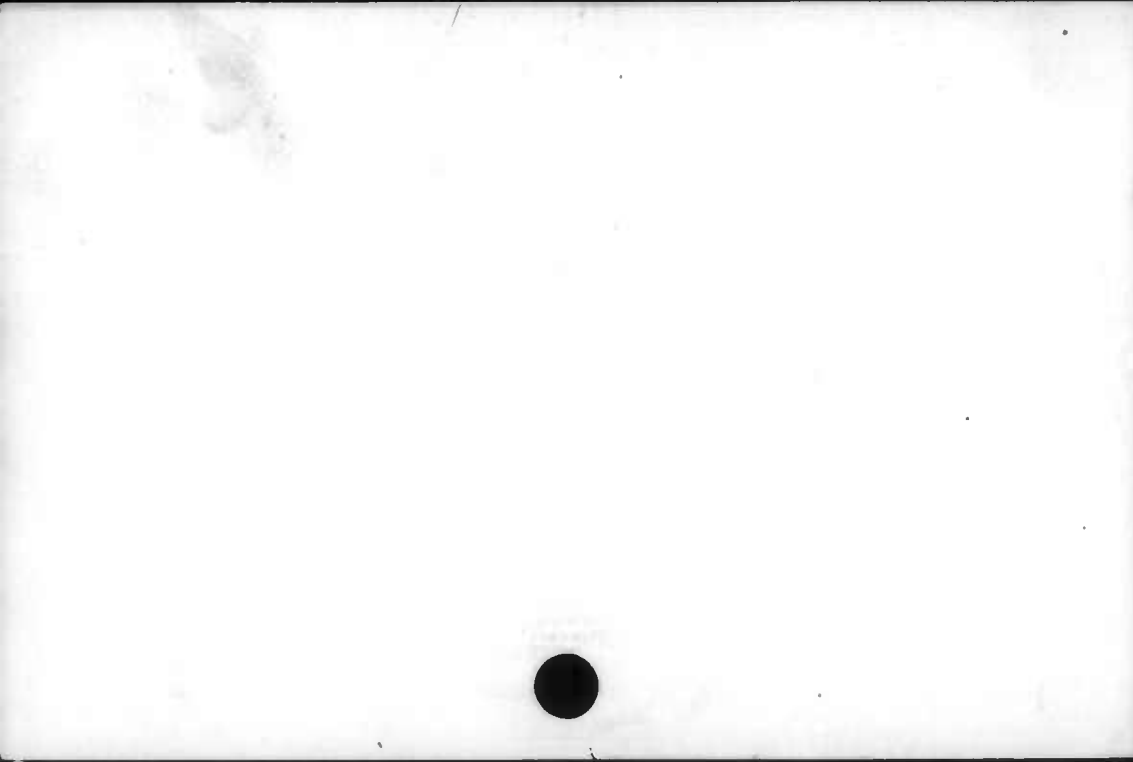
Address

*James Goss M.D.  
Reisterstown*

~~Accident or Suicide~~

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Joseph Thompson

Town *Mt Hope Retmah* County *Baltimore* MARYLAND

Died at *Mt Hope Retmah*

Date of death 1909 July 12<sup>th</sup> Age 29 Months *not known* Days *not known*

Sex *Male* Color or Race *White* Birth-place *md -*

Occupation *none* Where Residing if not at place of death *Balto Md -*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *not known* Father's Birthplace *unknown*

Mother's Maiden Name *" "* Mother's Birthplace *unknown*

Name of person giving Information *Recds of Mt Hope* How related to deceased *106*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Ter. Dementia - Post melancholia* How long *over 2 yrs -*

Immediate *Ex Chr. Diarrhoea* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank J. Flannery M.D.*

Address *Mt Hope Retmah Balto Co Md -*

Accident or Suicide *X*





Name  
in  
FullLawrence Linwood Tracy  
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Warren  
Date of death 1909 July 20 Age 14 Days 22  
Month Day Years Months DaysSex Male Color or Race White Birth-place Ind  
Occupation None Where Residing if not at place of death Warren Ind

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Saml W. Tracy Father's Birthplace Ind  
Mother's Maiden Name Dora Barrett Mother's Birthplace Ind  
Name of person giving Information Dora Tracy How related to deceased Mother

## CAUSES OF DEATH

105

Primary Cholera Infantum How long 5 days -  
Immediate Exhaustion How longAre the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician Wilmer C Ensor  
Address Belcherville Ind  
Accident or Suicide NoPHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Julia McHenry Tysons

Town

County

Died at *Redlyn**Baltimore*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1909**July**25*

Age

*79**1**17*

Sex

*female*Color or  
Race*white*Birth-  
place*Baltimore City*

Occupation

*none*Where Residing if not  
at place of death*at place of death*Married, Single  
or Widowed*w. dows*Name of Wife or  
Husband*Richard W Tysons (deceased)*Father's  
Name*Benjamin C Howard*Father's  
Birthplace*Baltimore*Mother's  
Maiden Name*Jane Gilman*Mother's  
Birthplace*" "*Name of person giving  
In formation*Richard H. Bayard*How related  
to deceased*Nephew*

## CAUSES OF DEATH

*81*PHYSICIAN  
OR CORONER

Primary

*Arterio Sclerosis*

How long

*Several years*

Immediate

*Exhaustion*

How long

*Gradual*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

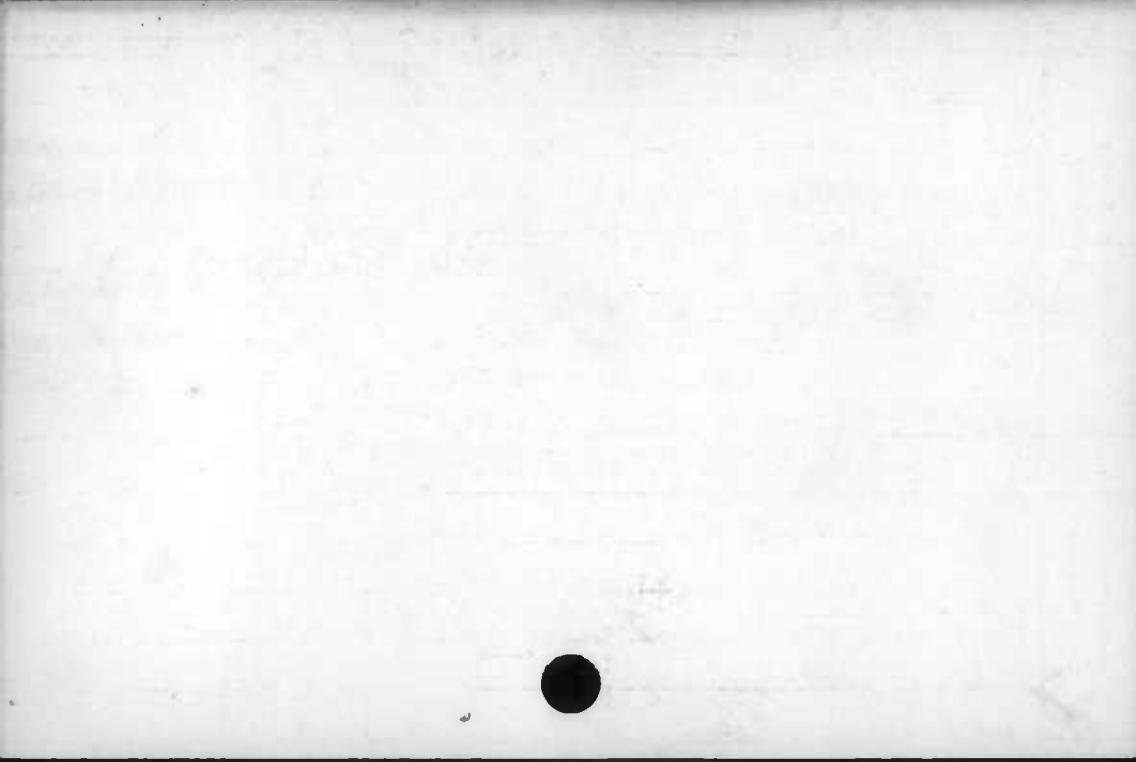
*H Louis Taylor  
Pikesville*

Accident or Suicide?

Place of burial Greenmount Cemetery

Henry W. Jenkins & Sons Co  
N. E. Cor M<sup>c</sup> Culloch & Orchard Sts.

Name in Full		Flarence Isabel				<input checked="" type="checkbox"/> <b>CERTIFICATE OF DEATH</b>			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Catonsville		County		BALTO		
			Town				MARYLAND		
	Date of death		1909	Month	July	Day	24	Age	
							Years	—	
							Months	—	
							Days	9	
	Sex		Female		Color or Race		White		
Occupation				Birth-place		Catonsville			
				Where Residing if not at place of death		Catonsville Md.			
Married, Single or Widowed		—		Name of Wife or Husband		—			
Father's Name		William Isabel				Father's Birthplace		Maryland	
Mother's Maiden Name		Anne Gayer				Mother's Birthplace		Germany	
Name of person giving information		Mrs. W. W. W.				How related to deceased		None	
		CAUSES OF DEATH				<div style="border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">72</div> <input checked="" type="checkbox"/>			
PHYSICIAN OR CORONER	Primary		Icterus Neonatorum				How long		4 days
	Immediate		Convulsions				How long		—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		D. W. Stutz, M.D.		
					Address		Catonsville Md.		
	Accident or Suicide?		—						



Name  
in  
Full

Nicholas Ulrich Sr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>St Ignace Hosp Baltimore</i>		County		MARYLAND	
Date of death		Month <i>July</i>	Day <i>28</i>	Age <i>87</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>312 S Monro</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Barbara Ulrich</i>					
Father's Name <i>Conrad Ulrich</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Nicholas Ulrich Jr</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

(94)

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>—</i>
Immediate <i>Librarian Pleurisy</i>	How long <i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Fred Y Crank</i>
<i>No.</i>	Address <i>St Ignace Hospital</i>
Accident or Suicide? <i>No.</i>	

Geo P Gerby  
Undertaker  
14 S Pulaski  
St.

JUL 28 1909

Removal to  
312 S Monroe St

---



Name  
in  
Full

Millicent E. Belie



## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		1909	Month <i>July</i>	Day <i>27</i>	Age <i>11</i>	Years <i>one</i>	Months <i>one</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>New York</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Milton Belie</i>				Father's Birthplace <i>New York</i>	
Mother's Maiden Name		<i>Melba Sternberg</i>				Mother's Birthplace <i>New York</i>	
Name of person giving Information		<i>Milton Belie</i>				How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>nineteen days</i>
Immediate	<i>Internal Hemorrhage</i>	How long	<i>Three days</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>James H. Jarrett</i>	
Address		<i>Towson</i>	
			
			
<del>Accident or Suicide</del>			

Jefferson Sch. Co. N. Y.  
Thursday 28.04

Wm Cook  
502 E. North Ave

Name  
in  
Full

Mamie E Warfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Calamander Town

County Baltimore

Date of death 1909 July

Day 27

Age 42 Years

Months

Days

Sex Female

Color or Race white

Birth-place Baltimore

Occupation None.

Where Residing if not  
at place of death

Married, Single or Widowed Widow

Name of Wife or Husband Samuel Warfield

Father's Name Columbus Bennett

Father's Birthplace Baltimore

Mother's Maiden Name Sarah Mc Cubbin

Mother's Birthplace Baltimore

Name of person giving information Clarence J Bennett

How related to deceased Brother

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary Acute Indigestion

How long few hours

Immediate Cardiac Syncope

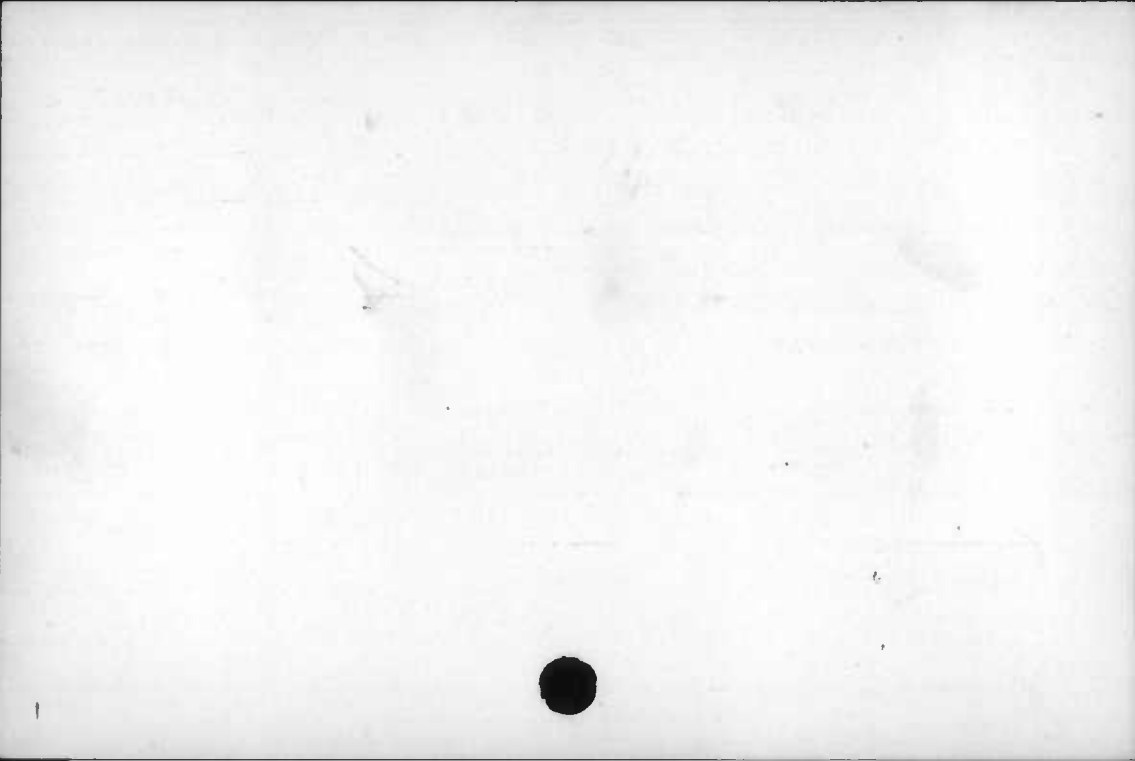
How long few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Charles E Macfeta

Address Calamander Ind

Accident or Suicide? —



Name  
in  
Full

Elizabeth Watson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		July	26	Age	62		
Sex	Female		Color or Race	white		Birth-place	Belfast Ireland
Occupation	House wife		Where Residing if not at place of death		Towson		
Married, Single or Widowed	Married		Name of Wife or Husband		John. W. Watson		
Father's Name	Not known				Father's Birthplace	Ireland	
Mother's Maiden Name	Elizabeth Bothwell				Mother's Birthplace	"	
Name of person giving Information	Miss Mammie Watson				How related to deceased	Daughter	

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary	Diabetes	How long	Two years
Immediate	Diabetic Coma	How long	Two days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James H. Jarrett
		Address	Towson
<input checked="" type="checkbox"/> Resident or <input type="checkbox"/> Outside			

John Burns Sons  
Touson

Prospect Hill  
Cen

Touson

Name  
in  
FullWawroynick Bath, Co.  
Grange P.O.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wawroynick</u> <sup>Town</sup>		<u>Delapetto</u> <sup>County</sup>		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>25</u>	Age <u>105</u> Years	Months <u>6</u>	Days <u>10</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Bull's County</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>no</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Wawroyn Wawroynick</u>			Father's Birthplace <u>T. Poland</u>		
Mother's Maiden Name <u>Franziska Guralaska</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Wawroyn Wawroynick</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cholera Infant</u>	<u>105</u> How long	<u>14 Days</u>
Immediate	<u>Exhaustion</u>	How long	<u>10 Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>S. J. J. J. J.</u>	
		Address <u>1713 Bank St</u>	
Accident or Suicide? <u>8</u>			



*St. Stanislaus. Cem.*

*July 26/09*



Name  
in  
Full

Dora Weinstenstein

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Rossvee		County Balt		MARYLAND	
Date of death 1909		Month July		Day 31		Years -	
				Months 3		Days -	
Sex Female		Color or Race White		Birth- place Md			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Conrad Weinstenstein				Father's Birthplace Md			
Mother's Maiden Name Annie Schaffer				Mother's Birthplace Md			
Name of person giving In formation Conrad Wt				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Mammas -		How long 179 X		2 mo	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		ye		Signature of Physician C. V. Mease		Address Rossvee	
Accident or Suicide?						- Md -	

Entomant St. Johns  
Cemt

Belord Road

Geo. W. Grauman

undertaken

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Dep Werner</i>		Town <i>Lansdowne</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death <i>1909 July 19</i>		Age <i>83</i>		Months <i>2</i> Days <i>8</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Lansdowne Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Werner</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Mary Werner</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Senile Emphysema</i>	How long <i>unknown</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank H. Kuhl</i>
	Address <i>Lansdowne-Belt Co. Md.</i>
Accident or Suicide? <i>8</i>	

William Cook

New Cathedral  
Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

Jacob C. Weirich

Town

County

MARYLAND

Died at Pikesville

Baltimore

Date of death 1907 July

Month

Day

26

Age

92

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Pennsylvania

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Leah Weirich

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Ill

Name of person giving  
Information

William Weirich

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Senility

How long

Several

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

St. Louis Taylor  
Pikesville

Accident or Suicide

Und

3

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Carrie Elizabeth Wheeler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Phoenix

Town

Balto.

County

MARYLAND

Date

of death

1909 July

Month

Day

2

Age

Years

21

Months

9

Days

18

Sex

Female

Color or  
Race

White

Birth-  
place

Ind.

Occupation

None

Where Residing if not  
at place of death

Phoenix Ind.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

James Wheeler

Father's  
Birthplace

Ind.

Mother's  
Maiden Name

Carrie Harwick

Mother's  
Birthplace

Ind.

Name of person giving  
Information

Carrie Wheeler

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

How long

18 months

Immediate

Exhaustion

Are the name, age, sex, color, data  
and place correctly given above?

Yes

Signature of  
Physician

Wilmer C. Enos M.D.

Address

Lockysville  
Ind.

Accident or Suicide

No

PHYSICIAN  
OR CORONER

<sup>Fairview</sup>  
Funeral at Fairview

Sunday 4<sup>th</sup>

W. C. Brooks



Name  
in  
Full

Georgiana Whiting

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Roslyn <sup>County</sup> Baltimore **MARYLAND**  
 Date of death 1909 <sup>Month</sup> 7 <sup>Day</sup> 3 Age <sup>Years</sup> 55 <sup>Months</sup> <sup>Days</sup>   
 Sex Female Color or Race Colored Birth-place Balt. Co.  
 Occupation Housewife Where Residing if not at place of death Roslyn  
 Married, Single or Widowed Married Name of Wife or Husband William Whiten  
 Father's Name Geo. Adison Father's Birthplace Md.  
 Mother's Maiden Name Nellie Bell Mother's Birthplace "  
 Name of person giving Information Wm Whiting How related to deceased Husband

## CAUSES OF DEATH

Primary Paralysis 66  
 How long Several years  
 Immediate <sup>4</sup>   
 How long Several days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. E. Wm  
 Presque Md

Accident or Suicide

J. H. Bagg  
Union Cemetery

---

Name  
in  
Full

William Wright

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Town Mr. WilsonCounty BaltimoreDate of death 1909 July 28 Age 5 Years 5 Months 5 Days 5Sex Male Color or Race White Birth-place BaltimoreOccupation Infant Where Residing if not at place of death —Married, Single or Widowed — Name of Wife or Husband —Father's Name Not knownFather's Birthplace Not knownMother's Maiden Name Not knownMother's Birthplace Not knownName of person giving information Mrs. PetermanHow related to deceased Temporary Guardian

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONERPrimary Malnutrition 5How long 4 weeksImmediate Dyspeptic Diarrhea (Septicemia)How long 3 weeks

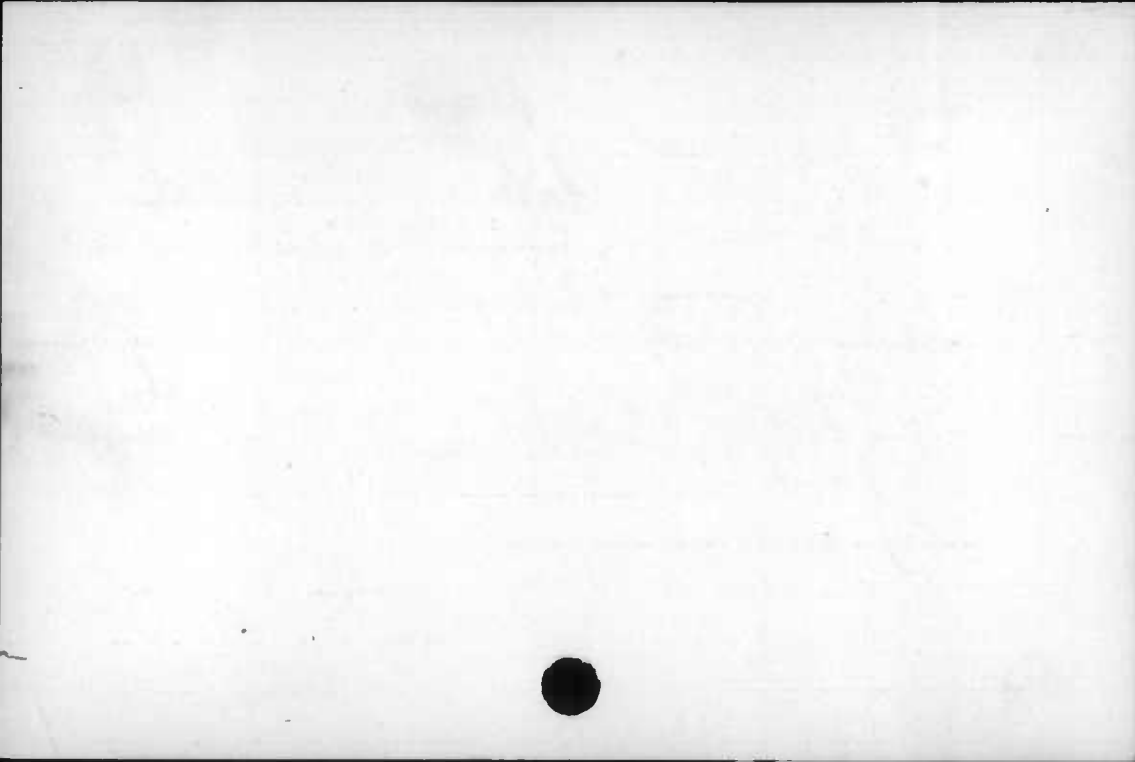
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Kunk Jr.  
722 Wilson St.

Accident or Suicide?



Name  
in  
Full

John Winand

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Roslyn</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	1909	July	14	Age	80
Sex	Male		Color or Race	White	
Occupation	Builder		Birth-place	Germany	
Married, <input checked="" type="checkbox"/> <del>Unmarried</del>	Name of Wife or Husband		Elizabeth		
Father's Name	Luigi Winand		Father's Birthplace	Germany	
Mother's Maiden Name	H. Winand		Mother's Birthplace	Unknown	
Name of person giving Information			How related to deceased	Son	

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<u>Arterio Sclerosis Valvular Heart Disease</u>		How long	<u>Several yrs</u>
Immediate			How long	<u>Several days</u>
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	<u>St Louis Drayler</u>
			Address	<u>Pikesville</u>
Accident or Suicide	<u>Med</u>			

Holy Cross Cemetery

July 17/09

H. C. Wiedefeld

914 Greenmount av

Name  
in  
Full

Ida M. Hoerner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Overlea Town Balt. County MARYLAND

Date of death 1909 Month 7 Day 18 Age 34 Years 4 Months 13 Days

Sex F Color or Race W Birth-place Balt., Md.

Occupation Her. Where Residing if not at place of death

Married, ~~Single~~  
or ~~Widowed~~Name of Wife or  
HusbandGeo F. HoernerFather's  
NameJacob E. HoffmanFather's  
BirthplaceBalt., Md.Mother's  
Maiden NameRebecca M. SchoneMother's  
BirthplaceBalt., Md.Name of person giving  
InformationG. F. HoernerHow related  
to deceasedHusband.

## CAUSES OF DEATH

27PHYSICIAN  
OR CORONER

Primary

Pulmonary & Laryngeal Tuberculosis

How long

6 months (?)

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?YesSignature of  
PhysicianA. L. Milkinson

Address

Raspeburg, Ind.

Accident or Suicide

neither.

Lbi Clator

Blair Kelley Store



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Terminal Dementia	How long	12 yrs.
Immediate	Pulmonary Tuberculosis	How long	2 mos.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Address			
Accident or Suicide?			

A. C. Branning & Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Wm. Marvin Wright*

Died at *Overlea* Town *Balto* County

Date of death 190 *9* Month *July* Day *4* Age *4* Years *10* Months *21* Days

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation \_\_\_\_\_ Where Residing if not at place of death *Overlea. Ind.*

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *George Wright* Father's Birthplace *Ind.*

Mother's Maiden Name *Lottie Pratt* Mother's Birthplace *Ind.*

Name of person giving Information *George Wright* How related to deceased *Father*

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary *Acute Meningitis* How long *3 days*

Immediate *Convulsions & Exhaustion* How long \_\_\_\_\_

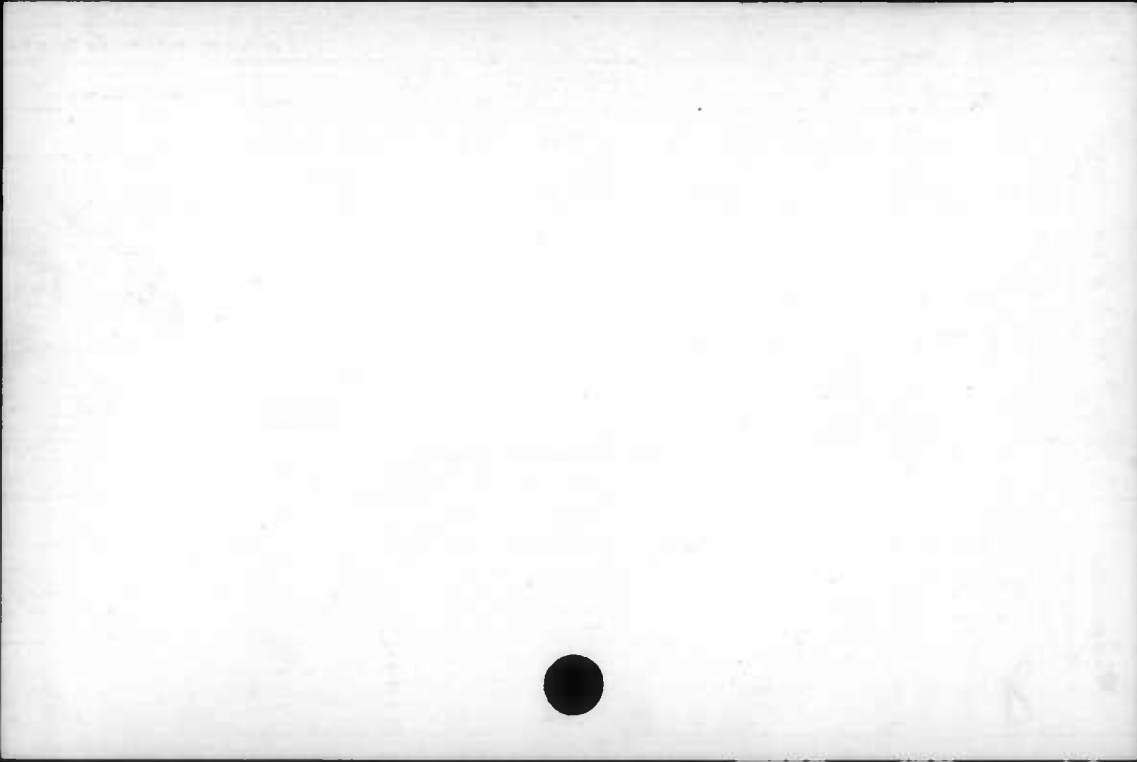
Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Dr. W. F. Clayton*

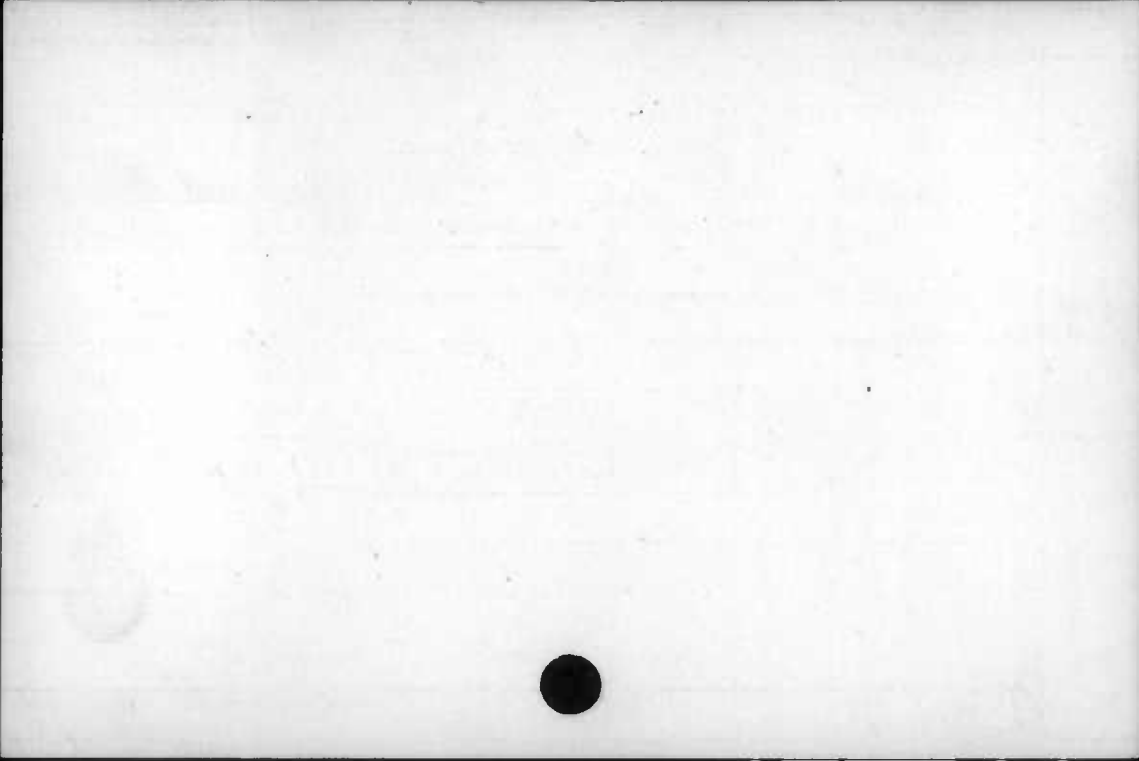
Address *Overlea*

*Ind. Ind.*

Accident or Suicide ☒



Name in Full <i>John Yingling</i>		Town <i>Belton</i>		County <i>Baltimore</i>		CERTIFICATE OF DEATH	
Died at <i>Belton</i>		State <i>MARYLAND</i>					
Date of death <i>1909</i>		Month <i>July</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>8</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Supervisor</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Mr. Kurn</i>		Father's Birthplace <i>Mr. Kurn</i>					
Mother's Maiden Name <i>Jessie</i>		Mother's Birthplace <i>Mr. Kurn</i>					
Name of person giving information <i>Mrs. Yingling</i>		How related to deceased <i>Wife</i>					
		CAUSES OF DEATH		<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">27</div>			
Primary <i>Infection, Pulmonary tuberculosis</i>				How long <i>8 mos</i>			
Immediate <i>—</i>				How long <i>—</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Kurn Jr. M.D.</i>					
		Address <i>Mr. Wilson</i>					
Accident or Suicide?							



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Unknown County Practo C MARYLAND

Date of death 1909 July 27 Month Day Age 64 years Months Days

Sex Female Color or Race Bl Colored Birth-place Not known

Occupation None Where Residing if not at place of death Not known

Married Single Single Name of Wife or Husband Not known

Father's Name Unknown Father's Birthplace Not known

Mother's Maiden Name Unknown Mother's Birthplace Not known

Name of person giving Information Justice Shaulley How related to deceased Not known

CAUSES OF DEATH

Primary Unknown = Father dead in fall 179 How long?

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER

John Burns Sons  
Tous 04

Balto. Co. Ches & House  
Cemetery.